

FEB 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4191  
Do not use this space.

1. PLACE OF DEATH

(a) County *St. Louis* Registration District No. *96*  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. *242*  
(c) City *Crandelet* (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred *30* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

*EDWARD STEPHEN WALS H. 1120*  
(a) Residence, No. *247 So. Forest Ave* St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-4-1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from *2-3-1938* to *2-4-1938*  
I last saw him alive on *2-4-1938* Death is said to have occurred on the date stated above, at *11 pm* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1 1861*

The principal cause of death and related causes of importance were as follows:  
*Myocardial In*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
*76 8 5*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *City of Webster Groves*  
9. Industry or business in which work was done, as saw mill, bank, etc. *Laborer*  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation *29*

Other contributory causes of importance:  
*Pulmonary edema*  
*Acute Silver Poison*  
Date of onset *2-4-38*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Webster Groves Missouri*

FATHER 13. NAME *David Walsh*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER 15. MAIDEN NAME *Margaret O'Brien*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *Mrs. Anna Noble*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *Feb 7 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Parsons and Co Webster Groves Mo*

20. FILED *2-5 1938* *W. H. Meyer M.D. Dist. V. Local Registrar.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Chlorine* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_  
(Signed) *Carl E. Gustafson* M. D.  
(Address) *Webster Groves Mo*

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Erin B. Long....., Licensed Embalmer No. 1581

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Erin B. Long.....

Licensed Embalmer No. 1581.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**