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

27469
Do not use this space.

1. PLACE OF DEATH Again SEP 12 1938 — 791

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 7483

(c) City St. Louis, Missouri (d) Street No. Missouri Baptist Hospital 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 yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret J. Walsh

(a) Residence, No. ..... St. NR Red Bud Illinois R.R. #4.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1919.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
19	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty Student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 8, 1938
11. Total time (years) spent in this occupation 1yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud, Illinois.

FATHER

13. NAME John F. Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud, Illinois.

MOTHER

15. MAIDEN NAME Rose ... Tansey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renault, Illinois.

17. INFORMANT (ADDRESS) Mary Walsh 4363 Maryland Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Ill. DATE August 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Ave.

20. FILED AUG 23 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1938, to Aug 20th, 1938

I last saw her alive on Aug 20th, 1938. Death is said to have occurred on the date stated above, at 8:25A m.

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

	Date of onset
Acute appendicitis with peritonitis	Aug 6th

Other contributory causes of importance:

Name of operation Appendectomy Date of 8/12/38

What test confirmed diagnosis? Appendix 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) Clyde E. Kane, M. D.

(Address) 4625 Newberry

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)