

1939

REC'D MAR 9 1939

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

7826

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township St. Louis Primary Registration District No. 111 Registered No. 368
(c) City St. Louis, Mo. (d) Street No. ST. MARYS 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

REV. W. VINCENT WALSH
(a) Residence, No. 3647 LAFAYETTE 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

3. SEX MALE 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) JAN 21 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 | 1 | 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER
13. NAME WM. V. WALSH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER
15. MAIDEN NAME LOTTIE COLLINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) LOTTIE WALSH
3647 Lafayette av

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MARCH 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Behmer
3125 Lafayette av

20. FILED MAR 1 1939 G. D. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 27, 1939

I last saw him alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

acute otitis media
• meningitis
Lateral Sinus Thrombosis
Septicaemia

Date of onset
Feb 1
19
16
16

Other contributory causes of importance:

Name of operation mastoidectomy Date of Feb 13 - 1939

What test confirmed diagnosis? 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) R. H. Milligan, M. D.

(Address) 3720 Washington

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Just Wollmer*
Licensed Embalmer No. *4014*
P. O. Address *B125 Lafayette*

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Richwood Mo Primary Registration District No. 111
 (c) City Richwood Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

Registered No. 3169

2. PRINT FULL NAME

(a) Residence, No. Res. William Vincent Walsh St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 / 27, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 37 1939 T.R. Meyer, M.D., D.P.H. Local Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) R. H. Milligan, M. D.

(Address) 3720 Washington

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

