

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12783**  
**3213**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

00  
17  
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**ST. LUKE'S HOSPITAL** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **4 Days**  
(Specify whether years, months or days)

In this community.....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1712**

(d) Street No. **10 Portland Place**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

**3. (a) PRINT FULL NAME** **ANNIE F WALSH**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 9 1877**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **11**  
year **1941** hour **11** minute **00** M.

21. I hereby certify that I attended the deceased from **April 4** 1941, to **April 11** 1941;  
that I last saw her alive on **April 11** 1941,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>6</b>	<b>2</b>	hr. min.

Immediate cause of death **Diabetic Coma**

Due to.....

Due to.....

Other conditions **Acute myocarditis**  
(Include pregnancy within 3 months of death)

9. Birthplace **Illinois** **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

Major findings:  
Of operations.....

Of autopsy **no abnormalities**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name **James Walsh**

13. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Cleary**

15. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Matthew Walsh**  
(b) Address **4112 N. Newstead Ave**

17. (a) **Burial** (b) Date thereof **April 15 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tiptown Illinois**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director **Petz Brothers**  
(b) Address **3029 Lafayette Ave**

19. (a) **APR 14 1941** (b) **J. F. Biedack**  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **J. H. Shackelford** (M. D. or other) **0**  
Address **3903 Olive** Date signed **4/12/41**

**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 Frank J. Owens

Licensed Embalmer No. 7748

P. O. Address St Louis MO

**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, fact should be so stated above.**