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X23159

FILLED JUL 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20502

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5314

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17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3153 DELMAR BLVD.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME FRANCES WALSH.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race WHITE

6. (g) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDW. WALSH.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased UNKNOWN.  
(Month) (Day) (Year)

8. Age	Years	Months	Days	If less than one day
<u>ABOUT</u>	<u>78.</u>			hr. min.

9. Birthplace MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business AT HOME

12. Name THOS. SWEARENGEIN.

13. Birthplace NY.  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN.

15. Birthplace VIRGINIA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. Walsh.

(b) Address 5153 DELMAR BLVD.

17. (a) BURIAL  
(Burial, cremation, or removal)

(b) Date thereof JUNE 28 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation CARVARY.

18. (a) Signature of funeral director P. M. Miller.

(b) Address 5165 DELMAR BLVD.

19. (a) JUN 27 1941  
(Date received local registrar)

(b) J. F. [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_

(c) City or town. ST LOUIS.  
(If outside city or town limits, write "RURAL")

(d) Street No. 5153 DELMAR BLVD.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26-6  
year 1941 hour 8 minute am M.

21. I hereby certify that I attended the deceased from Nov - 1939  
19\_\_\_\_ to June 26, 1941;  
that I last saw her alive on June 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Senile

Due to No other cause.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 162

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. S. Sheets (M. D. or other) 0

Address 2500 S. Kingshighway Date signed 6/27/41

**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 *Howard P. Rowland*  
Licensed Embalmer No. *3114*  
P. O. Address *Thomas Me*

**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.**