

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1217

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis County, Mo. Lewis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County
(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 Patrick Walsh
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male () 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 January 4, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business _____

MOTHER FATHER {
12. Name Patrick Walsh
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah McDermott
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Walsh
(b) Address Union & Bayles Rds.

17. (a) Burial (b) Date thereof 6-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) JUN 10 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town St. Louis County - Lewis
(If outside city or town limits, write "RURAL")
(d) Street No. Union & Bayles Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic myocarditis.

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes.

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 Louis H. P. ... (M. D. or other)

Address Kirkwood, Mo. 6/9/41 Date signed _____

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

JUL 3 1941

JUL 11 1941

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.....

Licensed Embalmer No.

P. O. Address.....

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.