

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30023

Registrar's No. 7362

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Jersey 11

(c) City or town Jerseyville N.R. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 116 Barr Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME James Edward Walsh

(b) If veteran, name war No.

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 41 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-8
_____, 1941, to 9-10, 1941;

that I last saw him alive on 9-10, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

(b) Name of husband or wife Single

7. Birth date of deceased: April 11 1863
(Month) (Day) (Year)

Immediate cause of death Carcinoma of prostate with general metastases. Duration 6-8 mos.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>29</u>	hr. _____ min

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farming

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {

12. Name Malaca Walsh

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

14. Maiden name Bridget Flarity

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

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? _____

16. (a) Informant Mary B. Walsh

(b) Address Jerseyville, Ill.

17. (a) Removal (b) Date thereof 9/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 11 1941 (b) J. P. Beddeck
(Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John J. Hammond (M. D. or other) J.D.

Address 634 N. Grand Date signed 9/11/41

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

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 *J. Wm. Bentley*

Licensed Embalmer No. *3653*

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.