No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36952

Primary Registration District No. 1003

Registrar's No. 9182

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

1. PLACE OF DEATH: 791
(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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss ouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4115 No. 2 Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OTTO WALSCH

3. (b) If veteran, name war None

3. (c) Social Security No. 499-01-2941

4. Sex Male

5. Color or race Whit e

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

6. (b) Name of husband or wife Celestine Walsch

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 1. 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business W.P.A.

FATHER
12. Name William Walsch
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Krumey
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Celestine Walsch
(b) Address 4115 NO. 2 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Fried ens Cemetery

18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.

19. (a) NOV 19 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1941 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage and shock following Lacerations Kendal of left lung. For broken ribs caused by a fall Nov 18 1941

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) NO

Major findings:
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) Open Verdict
(b) Date of occurrence Nov 18 1941
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fireman Plan 5 (Specify type of place)
While at work? No (e) Means of injury Operation

23. Signature Thos F Callanan (M.D. or other)
Address Deputy Coroner Date signed 11/19/41

(Licensed Embalmer's Statement on Reverse Side)

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.