

S. No. 2
1-4-41
5-17-39
X26380

16778

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4747

FILED JUN 10 1942 791

Primary Registration District No. 1003

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

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:
DePaul Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3119 Hadley Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SOPHIA WALSH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29
 year 1942 hour 8 minute P. M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife William V. Walsh
 6. (c) Age of husband or wife if alive 54 years

21. I hereby certify that I attended the deceased from May 22, 1942
 19 10 to May 29 19 42
 that I last saw her alive on May 29 19 42
 and that death occurred on the date and hour stated above.

7. Birth date of deceased July 4, 1886
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Hypertension, Cardiovascular
Diabetes mellitus
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>25</u>	hr. _____ min.

Duration 2 days
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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

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

10. Usual occupation W Housewife

11. Industry or business _____

12. Name Rudolph Wilsmann

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

14. Maiden name Unknown

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

16. (a) Informant William V. Walsh
 (b) Address 3119 Hadley Blvd.

17. (a) Burial
(Burial, cremation, or other)
 (b) Date thereof 6/1/42
(Month) (Day) (Year)
 (c) Place: burial or cremation CHURCH

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

19. (a) MAY 31 1942
(Date received local registrar)
 (b) J. J. Probst
(Registrar's signature)

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?
(Specify type of place) Means of injury _____

23. Signature Wayne J. ... (M. D. or other) Med
 Address 2739 No. Grand Date signed 5-30-42

847 (Licensed Embalmer's Statement on Reverse Side)

Dr. Wayne Girda.

1651 So. Spring

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. Grand.*

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.