

FILED MAY 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

3:00
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 17 yrs. 3 mos. 9 days
In this community 59 yrs. 8 mos. 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1215 No. Grand Bl.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A. WALSH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Walsh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 10, 1883

8. AGE: Years 60 Months 8 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Plasterer
11. Industry or business (Retired)

12. Name Unknown
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. Decker
(b) Address 5400 W. Main St.
17. (a) Burial (b) Date thereof 5-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd
19. (a) MAY 15 1942 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19____ to 5-14-42, 19____
that I last saw him alive on 5-14-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
(onset 4-26-42).

Due to _____
Due to _____
Other conditions 9/11
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 9/11
Of autopsy No.

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 Paul T. Hartman (M. D. or other) _____
Address 5300 Arsenal Date signed 5-17-42

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.