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

FILED AUG 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23221

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6458

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:
1415 S. Cardinal Ave /
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 S. Cardinal Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Walsh

3. (b) If veteran, name war ********

3. (c) Social Security No. *******

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 9 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased October 6 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	9 10	23	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Peters
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nora Meyers
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Cornelius R. Walsh
(b) Address 1415 S. Cardinal Ave

17. (a) Burial (b) Date thereof August 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUL 31 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day July
year 1942 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1941
19 to 7-30 1942
that I last saw her alive on 7-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage due to rupture spontaneous of arteriosclerotic artery of brain. — Duration 30 min

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury —

23. Signature John J Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 7/31/42

844 (Licensed Embalmer's Statement on Reverse Side)

John J. Hammond
Mrs Thea Bldg
Dr-5080

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 J. Owens.

Licensed Embalmer No. 2245

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.