S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32532

Registration District No. 318 — FILED OCT 21 1942

Primary Registration District No. 1003

Registrar's No. 8295

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

1. PLACE OF DEATH:

(a) County Missouri

(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 Hospital 0 (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 10 (If outside city or town limits, write "RURAL")

(d) Street No. 3727 No. Newstead Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Infant Walsh

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

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

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased Oct. (Month) 6th. (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. 00 min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Frank Walsh
13. Birthplace Pana, Illinois 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Patricia Boney
15. Birthplace Blytheville, Arkansas 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Walsh

(b) Address 3727 No. Newstead Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director SULLIVAN UNDERTAKERS

(b) Address 2849 No. Euclid Ave

19. (a) OCT 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th. year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 6, 1942 to Oct 6, 1942 that I last saw her alive on Oct 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 wks premature)

Due to .....

Due to .....

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

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) .....

(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 Chas. Jost 0 (M. D. or other) M-D

Address 3500 N. Grand Date signed 10-6-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Charles A. Jost,
3500 No. Grand
Fr. 4474

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 Albert Mayfield

Licensed Embalmer No. 3677

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.