

FILED DEC 10 1942

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2458

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ROCK
(c) Name of hospital or institution: ROBERT ROCK HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 5 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MO 12
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 COLLETS BLVD.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

MARTIN J. WALSH

3. (b) If veteran, name war NO

3. (c) Social Security No. no.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 10 - 22 - 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 2 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTENANCE MAN

11. Industry or business

12. Name TIMOTHY WALSH
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY MANN
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant PATRIK

(b) Address

17. (a) BURIAL (b) Date thereof NOV 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette St. St. Louis, Mo.

19. (a) NOV 25 1942 (b) E. J. Schmur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6 - 24, 1942, to 11 - 24, 1942
that I last saw him alive on 11 - 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis. 2 1/2 yd.?

Due to
Due to
Other conditions fbk
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) (a) Means of injury
23. Signature Samuel S. Kuczek (M.D. or other) 11/24/42
Address Rock Hosp. Rock, Mo Date signed 11/24/42

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

96
0
0

1/180

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.....

Joe Bollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Fayette Ave*

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: