

FILED JAN 13 1948  
 Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
 (a) County St. Louis Mo.  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1308 A. N. Market St. 1  
(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 926  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1308 A. N. Market St  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME. MARY. ELIZABETH. WALSH.

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec day 29  
 year 1947 hour 10:45 minute..... M.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 55 years  
 7. Birth, date of deceased. Aug. - 7 - 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25  
 1947 to Dec 29 1947  
 that I last saw h. H alive on Dec 29 1947  
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>55</u> | <u>4</u> | <u>22</u> | hr. min.             |

Immediate cause of death  
Hypertensive haemorrhage  
Bronchitis  
acute  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
Extreme Obesity  
Uteral Hypertension

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House-work

Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

11. Industry or business.....  
 12. Name John. H. Brown  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Nepp  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorraine Callahan  
 (b) Address 1308 A. N. Market St.  
 17. (a) Burial (b) Date thereof Jan. 2 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friedley's Cemetery  
 18. (a) Signature of funeral director J. F. Dumas  
 (b) Address 1389 Spring Blvd.  
 19. (a) DEC 29 1947 (b) J. F. Dumas  
(Date received local registrar) (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?  
 While at work?..... (Specify type of place) (e) Means of injury.....  
 23. Signature A. M. Kroll (M. D. or other)  
 Address 2704 Con Am Date signed 1/20/48

**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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Lemay*

**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.**