

FILED MAR 2 1943 8

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1760

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mary Walsh

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW

6. (b) Name of husband or wife TOM WALSH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased APRIL 5 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation NIL

MOTHER FATHER { 11. Industry or business

12. Name THOMAS RODGERS

13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name MARY UNKNOWN

15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Bauer

(b) Address 5004A Devonshire

17. (a) BURIAL (b) Date thereof FEB 24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

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

(b) Address 3125 Lafayette St av

19. (a) 515 S. 9th (b) J. F. Presack  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 5004A DEVONSHIRE AV. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21, year 1943 hour 5:06 minute P. M.

21. I hereby certify that I attended the deceased from February 19, 1943 to February 21, 1943

that I last saw him OR alive on February 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease  
mitral + aortic stenosis

Due to Arteriosclerosis, general

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature Louis J. Neudorff M.D.  
Address 4515 Lafayette Avenue APR 23/43

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

**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 *Joseph Vollmer*  
Licensed Embalmer No. *34014*  
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.**