. S. No. 2
00M—2-43
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23604

State File No.

FILED AUG 7 1943

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 6943

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: 3133 EADS AV. 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:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3133 EADS AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOU 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 2

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

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

7. Birth date of deceased OCTOBER (Month) 4 (Day) 1876 (Year)

8. AGE: Years 66 | Months 9 | Days 26 | If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business OWN

FATHER
12. Name FRED METZ
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE UNK
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Maguire
(b) Address 3133 Eads av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from June 9, 1943 to July 30, 1943 that I last saw him alive on July 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Nephritis Chronic

Due to Mitral Stenosis.

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 H. B. McPeak (M. D. or other) M.D.
Address 1446 S. Grand Date signed 7/30/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.