

DEC 29 1943
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's 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 Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2811 St. Vincent
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur P. Walsh

3. (b) If veteran, name war No 3. (c) Social Security No. 498-03-6762

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Walsh 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 17, 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 0 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 Missouri Pacific RR

12. Name Cornelius Walsh

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

14. Maiden name Anna Miley

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

16. (a) Informant Mrs. Margaret Walsh

(b) Address 2811 St. Vincent

17. (a) Burial (b) Date thereof Dec 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Howard Funeral Home

(b) Address 4212 St. Louis Avenue

19. (a) DEC 20 1943 (b) J. F. Medich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 8 minute 10 P M.

21. I hereby certify that I attended the deceased from 12/13/43 19... to 12/17/43 19... that I last saw him alive on 12/17/43 19... and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Due to Left heart disease Tertiary Lues
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 C. C. Grace (M. D. or other)

Address Two Oak St. St. Louis Date signed 12/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 jos A. Howard
Licensed Embalmer No. 4139
P. O. Address.....

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.