DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1120

Primary Registration District No. 1003

Registrar's No. 448

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4112 N. Newstead Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mathew G. Walsh

3. (b) If veteran, name war ******

3. (c) Social Security No. 498-10-9345

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 years

7. Birth date of deceased April 18 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Hesse-Cupples Envelope Co

MOTHER FATHER

12. Name James Walsh

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

14. Maiden name Anne Cleary

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

16. (a) Informant Mary Walsh

(b) Address 4112 N. Newstead Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Tiptown Illinois

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JAN 15 1944 (Date received local registrar) (b) J. F. Bussick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day January year 1944 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Mar 27, 1933, to Jan 13, 1944 that I last saw him alive on Jan 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic nephritis

Due to

Other conditions (Includes 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 W. H. White (M. D. or other)

Address 2803 N. Kingshighway Date signed 1-14-44

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.