

S. No. 2  
M-2-43  
5-17-39  
X35697

#53013  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11774

FILED MAR 30 1946

Registration District No. 318

Primary Registration District No.

State File No.

Registrar's No. 2625

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-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2516a Bacon St. Memorial (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ELLEN WALSH

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased January 13 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Co. Cork Ireland (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Patrick Foley

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

14. Maiden name Margaret Howard

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

16. (a) Informant James Walsh

(b) Address 6133 Laura Ave.

17. (a) Burial (b) Date thereof 3-20-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) M.D. 10 1945 (b) J. F. Bredack (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1946 hour 5:55 minute A M.

21. I hereby certify that I attended the deceased from 2/23/46 to 3/18/46 that I last saw her alive on 3/18/46 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to Arteriosclerosis, partial blockage of arteries caused by hypotension  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131

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 Francis R. Thompson 3/18/46 1515 Lafayette Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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 Fred Frick

Licensed Embalmer No..... 3186

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.**