

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

35694

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No.

8940

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:
3405 Shanandoah Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(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. 3405 Shanandoah Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edna M. Walsh

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Oct 2, 1946
to Death 1946
that I last saw her alive on 17 Oct 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Divorce

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

7. Birth date of deceased March 7 1882
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 1 day

8. AGE: Years Months Days If less than one day

64 7 10 hr. min.

Due to.....

Due to.....

Other conditions Acute Myocardial infarction
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

Major findings:
Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name William Crossley

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

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy M. Walsh

(b) Address 3405 Shanandoah Ave.

17. (a) Cremation (b) Date thereof 10-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 18 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

While at work.....

Signature D. J. Mistachkin M. D. or other.....

Address 4485 Washington Date signed.....

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

Dr. Mistachkin
4482 Washington

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.....

..... James R. Dunn Registered Apprentice No. 403
working under my personal supervision.

Signed *Wang A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.