

No. 2
-1/47
-17-39

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29631**
Registrar's No. **7671**

FILED AUG 21 1947

Registration District No. **318** Primary Registration District No. **1003**

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 **3715 Garfield Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3715 Garfield Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Catherine Walsh**
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **John M. Walsh** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Aug. 30th., 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **10** If less than one day..... hr..... min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Primary site not known**

MOTHER FATHER

12. Name **Bernard Kraus**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Dimerling**

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

16. (a) Informant **Mr. Richard Walsh**

(b) Address **3715 Garfield Ave.**

17. (a) **Burial** (b) Date thereof **8-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem. Kirkwood**

18. (a) Signature of funeral director **Arthur J. Connelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **AUG 12 1947** (b) **J. P. Brudack**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Aug** day **10** year **1947** hour **1** minute **42** P.M.

21. I hereby certify that I attended the deceased from **Aug 10** to **Aug 10** 19**47** that I last saw her alive on **Aug 10** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized carcinoma of lungs & chest wall**

Other conditions **Generalized metastatic carcinoma**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

MEDICAL CERTIFICATION
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Other conditions **Generalized metastatic carcinoma**
(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?.....
(e) Means of injury.....
23. Signature **J. P. Brudack** (M. D. or other)
Address **3707 S. Delmar** Date signed **8/11/47**

Duration **chronic**
chronic
PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

19689 Nelson Blvd.

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 W H Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.