

FILED JAN 30 1948

Registration District No. 7

Primary Registration District No. 3009

Registrar's No. 23

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

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution for: St. Luke Hosp. no. 1 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 yrs to 2022
 (Specify whether same)
 In this community same
 years, months or days

3. (a) PRINT FULL NAME MARY WALSH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 10 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 11 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John Loundy
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Garrison
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Records Clinic No. 10
 (b) Address Quincy 72

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1948
 (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Glen Y. Maupin
 (b) Address 712 Conty Fulton, Mo.

19. (a) Jan 24 48 (b) Josee Morosini
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1948 hour 7 minute 30 AM
 21. I hereby certify that I attended the deceased from Dec 30 1948 to Jan 21 1948
 that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic vertigo
 Duration _____

Due to _____
 Due to _____

Other conditions generalized arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy same
 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? _____

While at work _____ (Specify type of place) (e) Means of injury 10
 23. Signature R. R. ... (M. D. or other)
 Address Quincy 72 signed _____

Date Filed JAN 29 1948

Medical File Number

District Health Officer No. 9,

RECEIVED

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.....

Theodore Skinner, Jr., Registered Apprentice No. 555

working under my personal supervision.

Signed *Glen Y. Manspin*

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.