

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18127
4375
Registrar's No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Mo.
(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.....
(Specify whether
In this community.....
years, months or days)

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

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 JAN 31 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 5
If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business.....

MOTHER FATHER {
12. Name RICHARD WALSH 4
13. Birthplace IRELAND (State or foreign country)
14. Maiden name MARY ELLEN O'REILLY
15. Birthplace CANADA (State or foreign country) 2

16. (a) Informant Mrs. Walsh
(b) Address 4410 Larchdale Ave

17. (a) BURIAL (b) Date thereof 5/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director J. J. Muller

(b) Address 5765 Webster St

19. (a) MAY 16 1948 J. F. Bridgman
(Date received local registrar) (Registrar's signature)

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. 4410 LARCHDALE AVE
Memorial (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1948 hour 6 minute 50 AM

21. I hereby certify that I attended the deceased from 4/28/48
19 to May 8th 1948
that I last saw him alive on May 8th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to 107

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Consolidation of both lung fields

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 (c) Means of injury

23. Signature J. F. Bridgman 5/18/48
Address 1515 Lafayette Date signed

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

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.....

A. G. Harris

Licensed Embalmer No. 3384

P. O. Address.....

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.