FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24815

Registrar's No. 6907

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

1. PLACE OF DEATH:

(a) County: ST.Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (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.: 2309 S. Jefferson Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Alice 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: Widowed

6. (b) Name of husband or wife: George

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

7. Birth date of deceased: February (Month) 3, (Day) 1879 (Year)

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

9. Birthplace: Marissa (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER 12. Name: Berry Barkley Thompson

13. Birthplace: Georgia (State or foreign country)

MOTHER 14. Maiden name: Mary Gibson

15. Birthplace: SouthCarolina (State or foreign country)

16. (a) Informant: Pearl Jarrett

(b) Address: 2309 S.Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation: New St.Marcus Cemetery

18. (a) Signature of funeral director: John H.GebkenSonsUnd.Co.

(b) Address: 2630 Gravois Ave.

19. (a) AUG 6 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from July 30, 1948, to Aug. 4th, 1948; that I last saw him alive on Aug. 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Insufficiency	7 day
Due to: Senile Dementia	2 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

95-C

Major findings: Of operations: —

Of autopsy: —

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Isaac B. Allen (M. D. or other)

Address: University Club Bldg. Date signed 8/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630n Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.