

No. 10-47
5-17-39
P I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34810
Registrar's No. 9505

Registration District No. 318

Primary Registration District No. 1003

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

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:
4549a Arco Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4549a Arco Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM J. WALSH

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary R. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 18 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman (Retired 1 Yr.)

11. Industry or business _____

12. Name Thomas Walsh

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

14. Maiden name Anna Fanning

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

16. (a) Informant Mary R. Walsh

(b) Address 4549a Arco Ave.

17. (a) Burial (b) Date thereof 11-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 1 1948 (b) J. B. Lanter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1948 hour 1:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from NOV 12 1947 to Oct 31 1948
that I last saw him alive on Oct 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Urinary Bladder Duration 7.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. J. Thumolovsky MD (M. D. or other) _____
Address 266 Arcade Bldg Date signed 11/1/48

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..... *Richard W. Stovesand*

..... Licensed Embalmer No..... *4007*

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.