

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

460  
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** ..... (d) Street No. **St. Johns Hospital** ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Hazel Walsh 420**  
(a) Residence, No. **1512 Leffingwell Ave** St. **20**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Marries**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eugene Walsh**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 2nd 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 9 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation **110**

12. BIRTHPLACE (CITY OR TOWN) **St Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **James Bresnan**

14. BIRTHPLACE (CITY OR TOWN) **Greenwich** (STATE OR COUNTRY) **Conn.**

MOTHER 15. MAIDEN NAME **Anna Whalen**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Eugene Walsh** (ADDRESS) **1512 Leffingwell Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 11th 1938**

19. FUNERAL DIRECTOR **Stroot - Carroll** (ADDRESS) **4600 Natural Bridge**

20. FILED **JAN 10 1938** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 8th 1938**

22. HEREBY CERTIFY, That I attended deceased from **Nov 37, 1937** to **Jan 8, 1938**  
I last saw her alive on **Jan 7, 1938** Death is said to have occurred on the date stated above, at **4:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**Perinephritic Abscess 6 weeks**  
**Pleural effusion 11 weeks**  
**Causes not determined**

Other contributory causes of importance: **acute myocarditis, caused 2 weeks by perinephritic abscess (no stones)**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify ..... (Signed) **J. P. Bredeck** M. D.  
(Address) **3108 East Ave**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Frank R. Stood*  
.....  
Licensed Embalmer No. *2265*

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