

REC'D OCT 1 1938

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

30466
Do not use this space.

791
1008

Registered No. 7903

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. De Paul 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

Nellie Walsh 1720
(a) Residence, No. 5360 Ridge Ave. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938, to Sept. 5, 1938.
I last saw him alive on Sept. 5, 1938 Death is said to have occurred on the date stated above, at 10:15 PM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 13

The principal cause of death and related causes of importance were as follows:
cerebral haemorrhage Date of onset 9-1-38.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleswomen
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

Other contributory causes of importance:
Hypertension 5 yrs.
Chronic Myocarditis 8 yrs.

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

FATHER 13. NAME John Walsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Agnes Beatty
5360 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED SEP - 7 1938 J. D. Dredger Local Registrar

Name of operation None Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 no
(Signed) Richard G. Ginnell, M. D.
(Address) 5146 St. Louis Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

12-1-48

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 W.H. Van Matre

Licensed Embalmer No. 2825

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, above space should be left blank.