

DEC 11 1939

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

40978
Do not use this space.
10670

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St. Louis. (d) Street No. 2209 Hebert St. 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

- John Walsh.
(a) Residence, No. 2209 Hebert Street. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17, 1867.</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>7</u>
		DAYS
		<u>23</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer.</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>	
	13. NAME <u>John Walsh.</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know.</u>	
	15. MAIDEN NAME <u>Bridget Duffin.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know.</u>	
17. INFORMANT <u>Little Sisters of Poor.</u> (ADDRESS) <u>2209 Hebert St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Dec. 13, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Arthur J. Donnelly.</u> (ADDRESS) <u>3840 Lindell Blvd.</u>		
20. FILED <u>19</u> <u>J. B. Budeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938 to Dec. 10, 1938
I last saw him alive on Dec. 10, 1938 Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of Stomach
Date of onset 6 months ago

Other contributory causes of importance:
None

Name of operation Exploratory (City Hospital) Date of abdominotomy
What test confirmed diagnosis? Chemical 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
(Signed) Anthony A. Prekavski, M. D.
(Address) 1525 a Cass Ave.

DEC 12 1938

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

I X14223

1525th
C... ..

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

Stanley Marchlewski

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.