

REC'D JUN 12 1939

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

17335

Do not use this space.

4869

## 1. PLACE OF DEATH

(a) County..... Registration District No..... **791**  
 (b) Township..... Primary Registration District No..... **1008** Registered No.....  
 (c) City **St. Louis** (d) Street No. **6926 Arthur Ave** 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 **45** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Mary Walsh**  
 (a) Residence, No. **6926 Arthur Ave.** St. **3** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 12th, 1860</b>		
7. AGE YEARS <b>78</b>	MONTHS <b>11</b>	DAYS <b>15</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>At home</b>		
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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>England</b>		
FATHER		
13. NAME <b>James Hart</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
MOTHER		
15. MAIDEN NAME <b>Mary Hart</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
17. INFORMANT <b>Ann Walsh</b> (ADDRESS) <b>6926 Arthur Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemt.</b> DATE <b>5/30/39</b> 19..		
19. FUNERAL DIRECTOR <b>Harrigan &amp; Sheehan Und Co</b> (ADDRESS) <b>4415 Washington Blvd.</b>		
20. FILED <b>MAY 29 1939</b> 19.. <b>J. B. Budick</b> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/27/39** 19..

22. I HEREBY CERTIFY, That I attended deceased from **May 30**, 1938, to **May 8**, 1939  
 I last saw her alive on **May 8**, 1939. Death is said to have occurred on the date stated above, at **11/45am**.  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Arterial Sclerosis**  
**Myocardial insufficiency**  
 Date of onset

Other contributory causes of importance:

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

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) **A. T. Quinn**, M.D.  
 (Address) **6917 Taylor**

(Licensed Embalmer's Statement on Reverse Side)

F. 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 X16693

*R. W. Quinn*  
*6917 Tyler*

of the State of  
No. 1000

**STATEMENT BY LICENSED EMBALMER**

JUL 1 1911

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*W. H. Fritz*

Registered Apprentice No.

working under my personal supervision.

Signed

*W. H. Fritz*

Licensed Embalmer No.

*38820*

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.