

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 685
Registrar's No. 685

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Julia B. Walsh

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Alexander J. Walsh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unk. Unk. 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months Unk. Days Unk. If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry C. Brokmeyer

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

14. Maiden name Julia Kienlen
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature James E. Walsh

(b) Address 6652 Washington Blvd.

17. (a) Burial (b) Date thereof 1-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 24 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 325 N. Newstead Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23,
year 1940 hour 12 minute 30 a. m.

21. I hereby certify that I attended the deceased from 1932
32 to Jan 23rd, 1940

that I last saw her alive on Jan 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration _____

Due to Streptococcus septicaemia
Due to septic sore throat
non-fibrinolytic

Other conditions Abscess of brain?
(Include pregnancy within 3 months of death)
caused by streptococcus septicaemia

Major findings: none PHYSICIAN _____
Of operations _____
Of autopsy autopsy refused

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) (Country) (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 _____

28. Signature Walter S. Smith (M. D. or other) _____
Address Webster Date signed 1-27-40

WHILE I TRAIN, I USE CONFIDENTIAL INFORMATION TO MAKE A REGISTERED 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.

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.....

Alfred J. Boedeker

Licensed Embalmer No.....

2663

P. O. Address.....

4204 Prairie

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.