

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4814

1. PLACE OF DEATH:

(a) County St. Louis **3**
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patrick Walsh **470**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color Wht 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business 9

12. Name Patrick Walsh

18. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Robert Franz

(b) Address 4556 Durand St

17. (a) (b) Date thereof 7/15 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director [Signature]

(b) Address 3400 Benton

19. (a) JUN 3 1948 (Date received local registrar) (b) [Signature] (If Registrar's District)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL.")
(d) Street No. 3225 Montgomery
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 4 day 30
year 1940 hour 12:15 minute 7 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to _____

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings Of operations [Signature]

Of autopsy [Signature]

Duration

PHYSICIAN

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) (County) (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 _____

23. Signature [Signature] (M.D. or other)

Address [Signature] Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7

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 _____

Licensed Embalmer No. _____

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.