

No. 2  
13-40  
17-39  
X23139

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Mo. Pacific Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME John Edward Walsh  
(b) If veteran, name war No  
(c) Social Security No. 709-10-1974

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Blanche Guibor Walsh  
(c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Oct. 13, 1873

8. AGE: Years 67 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Bristol Rd. Island (City, town, or county) (State or foreign country)

10. Usual occupation Pullman Conductor

11. Industry or business

12. Name Edward Walsh  
13. Birthplace Ireland 4  
14. Maiden name Maria O'Brien  
15. Birthplace Ireland 4

16. (a) Informant Blanche Walsh  
(b) Address 4884A Farlin Ave.

17. (a) Burial (b) Date thereof Feb. 27, 1941  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll  
(b) Address 4600 Natural Bridge

19. (a) FEB 26 1941 (b) J. J. Breddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4884A Farlin Ave.  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1941 hour 8 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Jan. 10, 1941, to Feb. 24, 1941; that I last saw him alive on Feb. 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to  
Due to  
Other conditions

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature C. J. Sullivan (M. D. or other)  
Address Missouri Pacific Hospital signed 2-24-41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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.....

*Sheldon Collier*

Licensed Embalmer No. *3382*

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, fact should be so stated above.**