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No. 2  
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5-17-39  
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16328

State File No. ....

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3846**

1. PLACE OF DEATH:

(a) County  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1 /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Days**  
In this community **Life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1917**  
(d) Street No. **3800A Olive St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **Nil**

3. (a) PRINT NAME **James C Jerry Walsh**  
FULL NAME

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **Dec 19th. 1882**  
(Month) (Day) (Year)

8. AGE: Years **59 58** Months **4** Days **18** If less than one day hr. min.

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

10. Usual occupation **Sheet Metal Worker**

11. Industry or business **Board of Education**

12. Name **David E Walsh**

13. Birthplace **Cinn / Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Leonard**

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

16. (a) Informant **Mrs Mary Walsh**  
(b) Address **3800A Olive St**

17. (a) **Burial** (b) Date thereof **5/7/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemt**

18. (a) Signatures **Hannigan & Sheehan Und Co**

(b) Address **4415 Washington Blvd.**

19. (a) **MAY 6 1941** (b) **J. T. Bruck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3.**  
year **1941** hour **9:40** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 28.** 19 **41** to **May 3.** 19 **41**  
that I last saw him alive on **May 3.** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung**  
Due to

Due to **Pulmonary Tuberculosis**  
Other conditions **Intermittent Heart Disease**  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy **above**

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?

23. Signature **J. T. Bruck** (Specify type of place) (e) Means of injury  
Address **1515 Lafayette Avenue** Date signed **5/5/41**

(Licensed Embalmer's Statement on Reverse Side)

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

00  
17  
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17

**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.....

*Homer W. Fritz*

Licensed Embalmer No. *3882*

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.**