

Registration District No. 791 Primary Registration District No.

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: St. JOHN'S Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Annie Welsh
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 Michael Walsh 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept., 6th., 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation At Home

MOTHER FATHER
11. Industry or business
12. Name John Ryan
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas R. Walsh
(b) Address 4011 Russell Blvd.

17. (a) Burial (b) Date thereof 9-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 23 1941 (b) J. H. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd.,
year 1941 hour 1 minute 40 p.m.

21. I hereby certify that I attended the deceased from Sept 16, 41, 19 to Expose, 4/19;
that I last saw him alive on 9/22/41, 19
and that death occurred on the date and hour stated above.

Immediate cause of death myeloid leukemia Duration (-)

Due to Myeloid leukemia

Other conditions Arteriosclerosis fibulata
(Include pregnancy within 3 months of death)
due to arteriosclerosis heart disease PHYSICIAN

Major findings:
Of operations
Of autopsy Myeloid leukemia
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 OD Hark (M. D. or other) 0
Address Harvard St. 1567 Date signed 9/24/41

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

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.