

DEC 22 1941 791  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8914 8914

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**DePaul Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **11-Months**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Katherine Walsh**

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

4. Sex **F. 1** 5. Color or race **W. 1** 6. (a) Single, widowed, married, divorced..... **S. 1**

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

7. Birth date of deceased **Unk. Unk. 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 Unk. Unk.** hr. min.

9. Birthplace **St. Louis Mo. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Office Worker**

12. Name **James Walsh**

13. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Ryan**  
(City, town, or county) (State or foreign country)

15. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. George Walsh**

(b) Address **Laclede Hotel**

17. (a) **Burial** (b) Date thereof **11-11-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

19. (a) **NOV 10 1941** (b) **J. D. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4337 Maryland Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9th.**  
year **1941** hour **2** minute **20** a. m.

21. I hereby certify that I attended the deceased from **Oct 16** to **Nov 9** 19**41**  
that I last saw him **alive on Nov 8** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Ch. Parenchymatous Nephritis (Brid. Glom.)** Duration **2 yrs.**  
Due to.....  
Due to..... **Cardio. Vascular Regenerative Degene** **240**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **131**  
Of operations.....  
Of autopsy.....

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?

(Specify type of place)  
While at work..... (e) Means of injury.....  
23. Signature **[Signature]** (M. D. or other)  
Address **Union Club Bldg** Date signed **11/10/41**

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

0  
1  
9

*Autopsy this year.*

**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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Luideell*

**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.**