S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37007

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9237

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: ALEXIAN BROTHERS' HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2305 A RUTGER ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM B. WALSH.

3. (b) If veteran, name war NO.

3. (c) Social Security No.

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife DAISY WALSH.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JANUARY (Month) 1 (Day) 1874 (Year)

8. AGE: Years 66 Months 10 Days 19 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED.

11. Industry or business

FATHER
12. Name LAWRENCE WALSH.
13. Birthplace IRELAND. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA BENNETT.
15. Birthplace IRELAND. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Walsh
(b) Address 2305 A Rutger St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schnur.
(b) Address 3125 Lafayette Av

19. (a) NOV 21 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 13 1941 to Nov. 20 1941 that I last saw him alive on Nov. 19 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 yr.
Due to: arteriosclerosis	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations none
Of autopsy none

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) no
(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 Edmund T. Sassin (M. D. ~~or other~~)
Address 324 Frisco Bldg Date signed 11-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.