

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:
4065 Utah St.
(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. 4065 Utah St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Walsh

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 18, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Walsh

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

14. Maiden name Mary Ann Doyle

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

16. (a) Informant Miss Nora Walsh

(b) Address 4065 Utah St.

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Weick Bros. Und. Co.

18. (a) Signature of funeral director _____

(b) Address 2201 S. Grand Bl.

19. (a) JAN 3 1942 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
 year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 10 to 10:30 on Jan 2, 1942
 that I last saw her alive on Dec 30, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiovascular Renal Disease

Due to _____

Due to _____

Other conditions General Anasarca
(Include pregnancy within 3 months of death)

Major findings: Of operations non

Of autopsy non

Duration

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. J. Budek (M. D. or other) _____

Address 2201 S. Grand Bl. Date signed 1/3/42

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

MOTHER FATHER

Walsh

1979

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 *Samuel A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.