

FILED FEB 21 1942
 791

State File No. _____
 Registrar's No. 729

Registration District No. _____ Primary Registration District No. 1003

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:
ST. JOHN'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mos 11 days
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
 (c) City or town WELLSTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1540 FERGUSON AVE
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CATHERINE WALTER

3. (b) If veteran, name was NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife FRED WALTER 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased JAN - 23 - 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 0 _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT-HOME

MOTHER FATHER
 12. Name JOHN DOOLEY
 13. Birthplace IRELAND
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace IRELAND
 (City, town, or county) (State or foreign country)

16. (a) Informant Frederic Walter
 (b) Address 1540 Ferguson Ave

17. (a) BURIAL (b) Date thereof 1-26-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hullen & Kelly
 (b) Address 7267 Nuth Bridge Road

19. (a) JAN 23 1942 (b) J. F. Beck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
 year 1942 hour 3:15 minute A. M.
 21. I hereby certify that I attended the deceased from October 29/41
 1941, to January 23 1942
 that I last saw him alive on January 23 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of sigmoid and Rectum
 Primary site the Rectum
 Due to _____
 Due to Do not know
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
6
Months
(?)

Major findings: Carcinoma of sigmoid with extension to Rectum
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
 (a) Accident, suicide, or homicide (Specify) Hd
 (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 Augustus P. Munsel (M. D. or other) _____
 Address 306 1/2 Humboldt Bldg Date signed 1/23/42

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

Dr. J. J. ...
Number 1234
1-4 P.M.

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 *Clement McNear*
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.