

S. No. 2  
1-1-4-41  
7. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 20 1942  
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 9343  
Registrar's No. 3292

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

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town City Sanitarium  
(c) Name of hospital or institution City Sanitarium  
(d) Length of stay: In hospital or institution 10 mos. 11 days  
In this community About 37 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mo 23 19  
(c) City or town St. Louis  
(d) Street No. 1855 Menard St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN WALSH  
(b) If veteran, name war -  
(c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 12  
year 1942 hour 6:55 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Mary Schoffhausen  
6. (c) Age of husband or wife if alive im years

21. I hereby certify that I attended the deceased from 6-2-41 1941 to 4-12-42 1942  
that I last saw him alive on 4-12-42  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 8, 1855  
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease  
6-2-41x  
Due to Arteriosclerosis 6-2-41x

8. AGE: Years 86 Months 7 Days 4  
9. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis 6-2-41x  
Other conditions None  
Major findings: Of operations None  
Of autopsy No.

10. Usual occupation Butcher-15yrs ago.  
11. Industry or business Unknown  
12. Name Unknown  
13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown  
15. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)  
16. (a) Informant L. Neysgen dorf  
(b) Address 5-400 Ardmore St.  
17. (a) Burial (b) Date thereof Apr. 14, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

(c) Place: burial or cremation New St. Marcus Cemetery  
18. (a) Signature of funeral director A. W. W. Laughlin  
(b) Address 2301 Lafayette Avenue  
19. (a) APR 13 1942 (b) J. J. Prebeck  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury None  
23. Signature J. J. Prebeck (M. D. or other) None  
Address None Date signed None

844 (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 L.R. Casper

Licensed Embalmer No. 9633

P. O. Address 2317 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.**