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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20086

Registrar's No. 5618

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

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:
3402 Arlington Ave., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis 6 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3402 Arlington Ave., 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia A. Walsh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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 March 11th, 1896
(Month) (Day) (Year)

8. AGE: Years 46 | Months 3 | 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 None

11. Industry or business

FATHER
12. Name John J. Walsh
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Delia B. ~~Walsh~~ Rogers
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Delia Walsh

(b) Address 3402 Arlington Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1942. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director SULLIVAN BROTHERS.

(b) Address 2849 North Euclid Ave.

19. (a) JUN 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1942 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1941, 19 to Jan 30, 1942
that I last saw her alive on Jan 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. — Duration 1½ yr.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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 0

23. Signature [signature] (M. D. or other)

Address 1[illegible] Date signed 6/30/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. F. Streigel,
1875 Madison St.,
City.

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.