

No. 2  
11-10-39  
17-39  
FILED

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4895  
State File No. 2170  
Registrar's No.

MAR 15 1943  
Registration District No. 218

Primary Registration District No. 1005

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: ST ANTHONY HOSPITAL  
(d) Length of stay: 10 weeks  
In this community 10 weeks

8. (a) PRINT FULL NAME Sarah Walsh  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. NONE

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Patricia Walsh  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 23 - 1872

8. AGE: Years 80 Months 2 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
10. Usual occupation At Home

MOTHER FATHER  
12. Name Lawrence McDermott  
13. Birthplace Ireland Ireland  
14. Maiden name Talia Murray  
15. Birthplace Ireland Ireland

16. (a) Informant Mary Walsh  
(b) Address Union & Bayless Roads  
17. (a) Burial (b) Date thereof Mar 8 - 43  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Southern Fun. Home  
(b) Address 6322 S Grand Blvd  
19. (a) MAR 8 1943 (b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED: 96  
(a) State Missouri (b) County St. Louis  
(c) City or town Rural  
(d) Street No. Union & Bayless Roads  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 5  
year 1943 hour 11:30 minute P M.  
21. I hereby certify that I attended the deceased from 26 - 43  
1 1941, to March 5 1943  
that I last saw her alive on March 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions UPA  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_  
23. Signature Charles Chen (M. D. or other) \_\_\_\_\_  
Address 7602 S. Brown Date signed 3/5/43

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**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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

**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, above space should be left blank.**