

FILED APR 15 1948

Registration District No. **787** Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-days**
(Specify whether)

In this community **55 Years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

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

(d) Street No. **6414 Page Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James J. Walsh**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**

6. (b) Name of husband or wife **Mary Walsh** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **May 20th., 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	9	28	hr. _____ min.

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

10. Usual occupation **Live Stock Dealer**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Walsh**

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

14. Maiden name **Delia Carr**

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

16. (a) Informant **Mrs. Mary Walsh**

(b) Address **6414 Page Blvd.**

17. (a) **Burial** (b) Date thereof **3-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Connelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **3-19-48** (b) **E. J. McHarran**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th.**, year **1948** hour **9** minute **40** P.M.

21. I hereby certify that I attended the deceased from **July 21-38** to **March 18, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia** Duration **3 days**

Due to _____

Due to _____

Other conditions **Chromittlycardy**
(Include pregnancy within 6 months of death)
hypertensy

Major findings: Of operations _____

Of autopsy **1316**

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? _____

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

23. Signature **H. J. [Signature]** (M. D. or other) _____

Address **W. [Signature]** Date signed **March 19-48**

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

12-30
2-

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.