

S. No. 2
M-9-4-41
5-17-39
P-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12933

FILED MAY 3 1943 318

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3910

1. PLACE OF DEATH:

(a) County... **St. Louis**
(b) City or town... **St. Louis**
(c) Name of hospital or institution: **DePaul Hospital**
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **2-days**
(Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME **Margaret A. Walsh**

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

4. Sex... **F.** 5. Color or race... **W.** 6. (a) Single, widowed, married, divorced... **2.W.**

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

7. Birth date of deceased... **Nov. 7th., 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 19 hr. min.

9. Birthplace... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **At Home**

MOTHER FATHER 11. Industry or business

12. Name... **John Murphy**

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

14. Maiden name... **Mary Fallon**

15. Birthplace... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Miss Florence Walsh**

(b) Address... **5128 Raymond Ave.**

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

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

18. (a) Signature of funeral director... **Arthur J. Kennedy**

(b) Address... **3840 Lindell Blvd.**

19. (a) **APR 27 1943** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County...
(c) City or town... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5128 Raymond Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th.**;
year **1943** hour **3** minute **a.** M.

21. I hereby certify that I attended the deceased from **June 1**, 19 **43** to **April 27**, 19 **43**
that I last saw her alive on **April 26**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death... **diffuse bile peritonitis** Duration **3 days**

Due to... **perforation of gall bladder** 3 days

Due to... **ulceration of gall stone through neck of the gall** 2

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... **93**

Of autopsy... **ulceration of gall bladder**

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) (e) Means of injury

23. Signature... **Arthur J. Kennedy** (M. D. or other)

Address **1117 N. Grand** Date signed **4/27/43**

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

MAY 24 1943

Ernest Kane

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.