

FILED NOV 10 1943 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9506

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:
Little Flower Retreat / House 2500 S 18th
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5314 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Walsh

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

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

6. (b) Name of husband or wife Edward Walsh 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased October 27 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 0 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Michael Powers
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward B. Walsh
(b) Address 3316a Aubert Ave.

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) OCT 29 1943 (b) J. B. Bradish
(This received by _____) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-9-40
to 10-27 1943
that I last saw her alive on 10-26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
@ with cor. vascular renal
Syndrome

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy none

Duration many
years

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) no
(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 W. J. Young (M. D. or other)
Address 3804 Wilshire Ave 16 Date signed 10/27/43

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

MOTHER FATHER

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 Sheldon Callier

Licensed Embalmer No. 3382

P. O. Address 355 Clarence

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.