

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37958
 Registrar's No. 9872

Registration District No. 219

Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4930a St. Louis Ave.,
(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. 4930a St. Louis Ave.,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William W. Walsh
 (b) If veteran, name war _____ (c) Social Security No. 488-05-6590

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 10th
 year 1943 hour 1.20 minute 30 AM.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary A. Clooney
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased February 23rd 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/4/43
 _____, 19____, to 11/9, 1943
 that I last saw him alive on 11/9/43
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>57</u>	<u>8</u>	<u>17</u>	_____ hr. _____ min.

Immediate cause of death _____
Calvary Tuberculosis
 Duration 1 yr

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Shoe Cutter

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
MOTHER {
 12. Name Patrick Walsh
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Crowe
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)
FATHER {
 16. (a) Informant Mrs. Mary A. Walsh-wife
 (b) Address 4930a St. Louis Ave.,
 17. (a) burial (b) Date thereof 11-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Int. Calvary Cemetery
Sullivan Brothers
 18. (a) Signature of funeral director _____
 (b) Address 2849 No. Euclid Ave.,
NOV 11 1943 (c) J. J. Bresch
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy no

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 _____
 23. Signature James A. Sullivan (M. D. or other) _____
 Address 2844 N. Lamar St. B1 Date signed 11/20/43

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

Wrs. Sullivan
Union + St Louis

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 J. 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 with the above constitutes grounds for revocation of license.)

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