

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20395
5934

FILED JUL 8 1944 318

Registration District No. _____ Primary Registration District No. 1003 State File No. _____ Registrar's No. _____

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(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. 3217a St. Vincent Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Mary Walsh
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Walsh
13. Birthplace Ireland O'Hare
(City, town, or county) (State or foreign country)
14. Maiden name Bridget O'Hare
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James Joyce

(b) Address 3217a St. Vincent Ave

17. (a) Burial (b) Date thereof 7 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walvary Cemetery

18. (a) Signature of funeral director Pety M... ..
(b) Address 3029 Lafayette Ave

19. (a) JUL 3 1944 (b) J. J. Boredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1944 hour 12 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan. 10 1944 to June 30 1944
that I last saw her alive on June 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 6/5/44
Due to Arterio Sclerosis 1/10/44
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no
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) (e) Means of injury _____

23. Signature Dr. Stephen Boyan (M. D. or other) _____
Address 1504 Du Rocher Date signed 7/2/44

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

U.S. Bureau
of Health
Hygiene 26533

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 Frank J. Quinn

Licensed Embalmer No. 2245

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.