S. No. 2
M—2-43
. 5-17-39
I X35697

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

3242

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1059

State File No.

FILED FEB 1 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 640

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ~~St. Louis~~ St. Louis 17, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 8619 Rosalie
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Perry Walsh

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Long Walsh

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February (Month) 20 (Day) 1871 (Year)

8. AGE: Years 74 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Attorney

11. Industry or business Public Service

12. (a) Father's name John Walsh

(b) Birthplace Clark County (City, town, or county) Ohio (State or foreign country)

13. (a) Mother's maiden name Fannie Elizabeth Long

(b) Birthplace Clark County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Edward Perry Walsh

(b) Address 8619 Rosalie St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton St. Louis Mo.

19. (a) JAN 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/15/45, 19..., to Jan. 18, 1946 that I last saw him alive on Jan. 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Robt. J. Hyland
4404 Tindell Ave 12:30

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 640.

On this 4 day of March, 1946; before me appears Mrs. Perry Walsh, who, upon her oath, states that the original record of ~~birth~~ death for Edward Perry Walsh, ~~born~~ died Jan. 18, 1946, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 14 should read Miriam Perry
Instead of Fannie Elizabeth Long.

Item No. 15 should read Clark County Illinois
Instead of " " Ohio

Item No. 16a should read Mrs. Edward Perry Walsh
Instead of " J. J. "

Item No. 13 should read 8619 Rosalie St. Louis 17 - Mo.
Instead of " " " " "

Item No. 2a should read 8619 Rosalie St. Louis 17 - Mo.
Instead of — — — — — —

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fannie L. Walsh = Informant
Relationship.

8619 Rosalie Ave. - St. Louis 17 - Mo.
Present Address.

Subscribed and sworn to before me this 4 day of March, 1946.

My Commission expires 3/4/49 - Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

1059