

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **19018**

Registration District No. **318**

Primary Registration District No. _____

1003

Registrar's No. **4353**

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: 1202 Aubert Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patrick T. Walsh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Cecelia Walsh 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb. 15th., 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Stone Mason

11. Industry or business James Walsh

12. Name James Walsh
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Walsh
(b) Address 1202 Aubert Ave.

17. (a) Burial (b) Date thereof 5-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAY 14 1946 (b) Signature J. J. Breda
(Date received local registrar) (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. 1202 Aubert Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.,
year 1946 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from May 30, 1932, to May 13, 1946
that I last saw him alive on May 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate
& metastasis
Due to _____
Due to _____

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 B. H. Linscuman (M. D. or other) MD
Address 4126 Phoebe Date signed 5/14/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lindemann
4126a Shreve Ave. 12-3;30

MAY 27 1946

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 W H VanMatre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.