

No. 2
2-45
17-39
X4720

FILED OCT 28 1948

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **CITY ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY INFIRMARY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2/29/44/6/10/48**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**
(c) City or town **CITY ST. LOUIS**
(If outside city or town limits, write "RURAL") **13-17**
(d) Street No. **5800 ARSENAL ST.**
(If rural, give location) **13-9**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MARY WALSH**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

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

7. Birth date of deceased **5 20 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days **3** If less than one day
66 **4** **25** hr. min.

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

10. Usual occupation **NIL**

11. Industry or business.....

MOTHER FATHER

12. Name **PATRICK HENRY** **4**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **BRIDGET SHELBY**

15. Birthplace **IRELAND**
(City, town, or county) (State or foreign country) **4**

16. (a) Informant **CITY INFIRMARY RECORDS**

(b) Address **5800 ARSENAL ST.**

17. (a) **Burial** (b) Date thereof **10-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **3320 N. Kingshighway Blvd.**

19. (a) **OCT 15 1948** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **13**
year **1946** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Feb 1944** to **Oct 13 1946**
that I last saw him **live on Oct 13 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Arteriosclerosis** 1944 Pl.

Due to **Osteoarthritis (Generalized)** 1946 Pl.

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

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 **0**

23. Signature **Palmer [Signature]** (M. D. or other) **10/14/46**
Address **City Infirmary [Signature]** Date signed

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 Fred Frick

Licensed Embalmer No. 3186

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.