

12-45  
-17-39  
X47070

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9748**

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Lutheran Hospital  
(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  
3. (a) PRINT FULL NAME Cresa Walsh  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased February 19 1912  
(Month) (Day) (Year)

8. AGE: 34 Years 8 Months 24 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Michael Prohan

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

14. Maiden name Catherine McQuinn

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

16. (a) Informant Mr. Catherine Prohan  
(b) Address 5029 Lambert

17. (a) Burial (b) Date thereof 11-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's  
18. (a) Signature of funeral director Chas. J. Stuart  
(b) Address 1225 Union Blvd.

19. (a) NOV 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2917 Seneca  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 13 year 1946 hour 2 minute PM  
21. I hereby certify that I attended the deceased from Oct 20th to Nov 13th 1946  
that I last saw her alive on Nov 13th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to hypertension  
Other conditions 131  
(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 J. F. Bredeck (D. or other \_\_\_\_\_)  
Address 4724 St. Charles

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**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 *J. W. Wilkinson*

Licensed Embalmer No. 3575

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.**