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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15768

FILED MAY 1 1947

Registration District No. 318 — 1947715

Primary Registration District No. 1003

Registrar's No. 4197

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital, Max Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial (Specify whether
In this community 1) years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 67

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

(d) Street No. 5040 Ridge Ave. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET 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 Married

6. (b) Name of husband or wife Thomas J. Walsh

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 21 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	0	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Martin Hansberry
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Mc Kenzie
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Walsh
(b) Address 5040 Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas F. Stuart
(b) Address 1225 Union Blvd

19. (a) APR 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1947 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from 4-18-47, 19..., to 4-21-47, 19...; that I last saw her alive on 4-21-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions: Senile psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Amadeus Lyman (M.D. or other)
Address 1515 Lafayette Date signed 4-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.