No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7166

State File No.

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1185

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

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: Infirmary City Infy. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-16-45 to 2-4-48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5800 Arsenal ST. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME James H. Walsh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wite

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 6 (Day) 1882 (Year)

8. AGE: Years 65 Months 19 Days 28 If less than one day hr. min.

9. Birthplace ST, Louis, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business

FATHER
12. Name James Walsh
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hanora Ryan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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

19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1948 hour 8 minute 45A. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947 to 2-4-48, 48;
that I last saw him alive on 2- 4-- 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease generalized arteriosclerosis

Due to

Due to Cirrhosis (Laennec's)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/24

Of autopsy none

Duration

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)
While at work? (e) Means of injury 0

23. Signature M. P. Shoney (M.D. or other)
Address 5600 Arsenal Date signed 2-4-48

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.