

10-47  
17-39  
3906

STANDARD CERTIFICATE OF DEATH

State File No. 34808

FILED NOV 6 1948 318

Registration District No.

Primary Registration District No.

Registrar's No. 9288

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: 3638 Bamberger  
(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 Agnes T. Walsh

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-07-9737

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 11 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Accountant  
Pearlstone Wholesale Gro

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Walsh 4  
13. Birthplace Unknown Ireland 1  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Murphy  
15. Birthplace Hamilton Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Walsh  
(b) Address 3638 Bamberger

17. (a) Burial (b) Date thereof 10/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Heidreich  
(b) Address 3634 Gravois Ave

19. (a) OCT 27 1948 J. B. Foster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3638 Bamberger  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 6 1948 to Oct 25 1948  
that I last saw her alive on Oct 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebric Anemia General Debility  
Due to \_\_\_\_\_  
Duration 20 days 20 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Name  
Of autopsy Name  
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 13

23. Signature Harry L. Heidenreich (M. D. MD)  
Address 3750 Gravois Blvd Date signed 10-26-48

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

**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 Robert Wheeler

Licensed Embalmer No. 2178

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.**