

3-300
10-47
17-39
I 3906

FILED DEC 9 1948

Primary Registration District No. **1003**

Registrar's No. **10358**

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: St. Anthony's 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 4
(d) Street No. 3418 Grace Ave.
(If rural, give location) 16
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William S. Walsh

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Agnes Walsh 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 20th., 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 7 hr. min.

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

10. Usual occupation Mgr.

11. Industry or business Dunlop Tire Corp.

MOTHER FATHER { 12. Name Martin Walsh
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Breen
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Walsh
(b) Address 3418 Grace Ave.

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crypt
18. (a) Signature of funeral director Arthur J. Dunally
(b) Address 3840 Lindell Blvd.

19. (a) NOV 29 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th.,
year 1948 hour 7 minute 20 p. m.

21. I hereby certify that I attended the deceased from June 1st, 1948
6/1/1948 to November 27, 1948
that I last saw him alive on Nov. 27th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Transverse Colon. Duration 2 yrs.
Visceral metastasis 6 mos.
Due to Diabetes Mellitus. 10 yr
Hypertensive heart disease 10 yr
Due to Chronic Nephritis 5 yr

Other conditions Blind (glaucoma)
(Include pregnancy when applicable)

Major findings: As above.

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) (c) Means of injury _____

23. Signature George A. Sullivan (M. D.)
Address 421 W. Schirmer Date signed 11/28/48

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..... *W H VanMatre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.