

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43030  
Registrar's No. 2582

Registration District No. 11 Primary Registration District No. 11

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Delmar Heights  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5431 Nottingham Ave  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Elizabeth M. Walsh  
(b) If veteran, name war Sm (c) Social Security No. None  
4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. (c) Age of husband or wife if alive years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 18th year 1941 hour 6:45 minute 17 M.  
21. I hereby certify that I attended the deceased from Nov 18 1941 to Dec 18 1941; that I last saw her alive on Dec 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (Cherry)  
Due to 46  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 4 Days 3 If less than one day hrs min.  
9. Birthplace Ireland  
10. Usual occupation Operator  
11. Industry or business

Major findings: Carcinoma of transverse Colon Peritonitis, Perforation of cecum of Colon  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

12. Name Thomas Walsh  
13. Birthplace Ireland  
14. Maiden name Mary  
15. Birthplace Ireland  
16. (a) Informant James G. Wharton  
(b) Address 3607 Oceola St.  
17. (a) Burial (b) Date thereof 12-20-41  
(c) Place: burial or cremation St. Peter's Church  
18. (a) Signature of funeral director Grieghaysen Mortuaries  
(b) Address 4228 So. Kingshighway Blvd.  
19. (a) DEC 19 1941 (b) C. J. McParlan

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) (a) Means of injury  
23. Signature W. J. Olinstein (M. D. or other) 0  
Address 3720 Washington Date signed 12/19/41

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

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w  
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W. H. Overstee  
3720 Wadsworth Ave  
PC 4511

APR 10 1958

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..... *Edwin M. Dermatt* .....  
Licensed Embalmer No..... *30214* .....  
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.