

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43055**
Registrar's No. **11214**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11214			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Convent of the Good Shepherd				d. STREET ADDRESS (If rural, give location) 3801 Gravois Ave.					
3. NAME OF DECEASED (Type or Print) Sister Mary of St. Gregory (Mary Walsh)			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Dec. 30, 1949		5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Dec. 12, 1866	
9. AGE (In years last birthday) 83		10. MONTHS 0		11. DAYS 18		12. HOURS 19		13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) County Kerry, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Walsh			13b. MOTHER'S MAIDEN NAME Mary Sullivan			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFIRMITY SIGNATURE, OR NAME Sister Mary of St. Cyril McKeon		ADDRESS 3801 Gravois Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
						21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from Mar 22, 1928 , to Dec 30, 1949 , that I last saw the deceased alive on Dec 26, 1949 , and that death occurred at 10:30 am , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph Larimore M.D.				23b. ADDRESS 3720 Washington Ave		23c. DATE SIGNED 12/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE RECD BY LOCAL OFFICE DEC 30 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 840 Lindell Blvd.			

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed. *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.