

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3128****318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **792**

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|---|--|--|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 792 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2 J 74 | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 10 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital | | | | d. STREET ADDRESS (If rural, give location) 4960 Farlin Ave | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Victoria | | b. (Middle) G. | | c. (Last) Walsch | | 4. DATE OF DEATH (Month) (Day) (Year) January 21 1950 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH December 6 1884 | | | |
| | | | | 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR 1 MONTHS 15 DAYS IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Elston MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Peter Renn | | | 13b. MOTHER'S MAIDEN NAME Sophie Nienober | | | 14. NAME OF HUSBAND OR WIFE Joseph Walsch | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Joseph A. Walsch | | | ADDRESS 4960 Farlin 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General carcinomatosis of intestine | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | 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. | | | | | | | | | |
| 19a. DATE OF OPERATION 1-9-50 | | 19b. MAJOR FINDINGS OF OPERATION General carcinomatosis of intestine causing obstruction. | | | | 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) _____ (STATE) 153X | | | | | |
| 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? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from Jan. 2, 1950 , to Jan. 21, 1950 that I last saw the deceased alive on Jan. 21, 1950 , and that death occurred at 11:35 am. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Francis J. Smith (Degree or title) _____ | | | | 23b. ADDRESS 4930 Lindell Blvd. St. Louis, Missouri | | 23c. DATE SIGNED 1-24-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan 25 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| DATE REC'D BY LOCAL REG. JAN 25 1950 | | REGISTRAR'S SIGNATURE J. B. Lasiter | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fautz ADDRESS 4828 Nat Bridge 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

John A. Mena

Licensed Embalmer No. *4186*

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.