

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6775**
Registrar's No. **1028**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Louis		2089
d. FULL NAME OF HOSPITAL OR INSTITUTION 8730 Annetta Ave.			e. STREET ADDRESS (If rural, give location) 8730 Annetta Ave.		
3. NAME OF DECEASED (Type or Print) Adaline		a. (First)	b. (Middle)	c. (Last) Walsh	4. DATE OF DEATH Jan. 31, 1951 (Month) (Day) (Year)
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 3, 1895	9. AGE (In years last birthday) 55	10. IF UNDER 1 YEAR 3 Months 20 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Louis Smith		13b. MOTHER'S MAIDEN NAME Josephine Fritz		14. NAME OF HUSBAND OR WIFE Mr. William Walsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mr. William Walsh, 8730 Annetta Ave. ADDRESS			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease mitral stenosis, curvilinear pectus 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.				INTERVAL BETWEEN ONSET AND DEATH with you 1047
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) _____ (STATE) _____		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 H/O X				
22. I hereby certify that I attended the deceased from 3-24 , 19 41 , to 1-31 , 19 51 , that I last saw the deceased alive on 1-31 , 19 51 , and that death occurred at 5:30 PM , from the cause, and on the date stated above.					
23a. SIGNATURE Wayne O. Gorko (Degree or title) _____			23b. ADDRESS 2739 NO Grand		23c. DATE SIGNED 2-1-51
24a. BURIAL, CREMATION, RECREATION (Specify) Burial	24b. DATE Feb. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE FEB 2 1951		REGISTRAR'S SIGNATURE J. B. Lassiter		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 40 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *W Vanmatre*

Signed.....
Student Embalmer

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.