

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14862

State File No.

3882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2831a Pennsylvania</b>		e. STREET ADDRESS (If rural, give location) <b>2831a Pennsylvania</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **Lawrence J. Walsh Sr.** b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) **April 24, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 17, 1890** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bartender** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Belleville, Ill.** 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Michael J. Walsh** 13b. MOTHER'S MAIDEN NAME **Nellie Gleason** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, state war or dates of service) **World War I** 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Lawrence J. Walsh Jr.** ADDRESS **2831a Pa.**

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosis of Liver</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 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **H90X**

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick E. Taylor, Esq.** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4.25.51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-27-51** 24c. NAME OF CEMETERY OR CREMATORY **Parklawn Cem.** 24d. LOCATION (City, town, or county) (State) **Lemay, Mo.**

DATE REC'D BY LOCAL REG. **APR 25 1951** REGISTRAR'S SIGNATURE **J. B. Lanter** 25. FUNERAL DIRECTOR'S SIGNATURE **Southern Funeral Home** ADDRESS **6322 S. Grand 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

*David Van Fossan*

Licensed Embalmer No. 4242

P. O. Address 6322 So. Shaw

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 14862

State of MO }  
CITY of ST. LOUIS } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3882

On this 18 day of JULY, 1947, before me appears Jas Fitzgerald, who, upon oath, states that the original record of ~~birth~~ death for Lawrence J. Walsh, Sr. died 4-24-1951, 19, in the State of Missouri, and which was filed at on, 19, should be corrected as follows:

Item No. 15 should read Woeld War #1

Instead of #2

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jas Fitzgerald Fun Dir Relationship.

6322 S. Grand Present Address.

Subscribed and sworn to before me this 18th day of July, 1947

My Commission expires Dec. 17 1954 Notary Public. David Van Fossom

Affidavits containing erasures will not be accepted; draw one line through error and write above it.