V.S. No.300
REV. 10.48

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

FILED DEC 2 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 40834

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10566

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4756a Alabama Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2199
d. STREET ADDRESS (If rural, give location) 4398 West Pine Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First) Agnes
b. (Middle) Dockery
c. (Last) Walsh

**4. DATE OF DEATH** (Month) (Day) (Year) Nov.17,1952

**5. SEX** F.
**6. COLOR OR RACE** W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W.
**8. DATE OF BIRTH** Sept.27,1885
**9. AGE** (In years last birthday) 67 — If under 1 year: Months 1, Days 28 — If under 24 hrs.: Hours, Min.

**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** (City and State or Foreign Country) St.Louis,Mo. U
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** Patrick Dockery
**13b. MOTHER'S MAIDEN NAME** Ann O'Connell
**14. NAME OF HUSBAND OR WIFE** Wm.S.Walsh

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** none
**17. INFORMANT'S SIGNATURE OR NAME** Mr.Wm.D.Walsh, **ADDRESS** 912 Cedar Brook Lane, Kirkwood Mo.

**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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-Sclerotic Heart Disease — 2 yrs
DUE TO (c) c Hypertension — 2 yrs

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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Nov 17, 1952, *that I last saw the deceased alive on* Nov. 17, 1952, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** George A. O'Sullivan, M.D. (Degree or title)
**23b. ADDRESS** 421 W. Schermer
**23c. DATE SIGNED** 11-17-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Nov.19,1952
**24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State) St.Louis,Mo.

**DATE REC'D BY LOCAL REG.** NOV 17 1952
**REGISTRAR'S SIGNATURE** J. Earl Smith, M.D.
**FUNERAL DIRECTOR'S SIGNATURE** Arthur J. Donnelly **ADDRESS** 3840 Lindell Blvd.
G.P. (Licensed Embalmer's Statement on Reverse Side)

## 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 Francis Williamson

Licensed Embalmer No. 3565

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.