

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12474

FILED APR 4 1953

State File No. \_\_\_\_\_

3212

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3331 Liberty</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>William</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Walsh</b>	
4. DATE OF DEATH		(Month) <b>3</b>		(Day) <b>23</b>		(Year) <b>53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>May 10, 1872</b>		9. AGE (In years last birthday) <b>80</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Michael Walsh</b>			13b. MOTHER'S MAIDEN NAME <b>Bridget Fanning</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nora Walsh 3331 Liberty</b>			
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) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr Myocarditis</b> DUE TO (c) <b>Generalized arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>2 hrs</b> <b>?</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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) <b>St Louis Mo.</b>		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? <b>4221</b>				22. I hereby certify that I attended the deceased from <b>June 20, 1952, to March 23, 1953</b> , that I last saw the deceased alive on <b>March 23, 1953</b> , and that death occurred at <b>8 p. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Max Stauffer M.D.</b>		23b. ADDRESS <b>512 Osage Place</b>		23c. DATE SIGNED <b>3/24/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-26-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD. ST. LOUIS 14, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Max Starkloff

512 Dover.

---

---

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 Lee Fossaw.*

Licensed Embalmer No. *42127*

P. O. Address *6322 do. Brown St*

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.