

12733

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 20 1953

5. No. 300  
V. 10.48

4005

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 750

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City 4376</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7545 Shaftsbury Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marguerite</u>		b. (Middle) <u>Ann</u>	
c. (Last) <u>Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 14, 1905</u>
9. AGE (In years last birthday) <u>47yrs</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Geo. L. Kaeshoefer</u>	
13b. MOTHER'S MAIDEN NAME <u>Ann Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Edmund S. Walsh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Edmund S. Walsh 7545 Shaftsbury</u>			
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) <u>Cerebral Hemorrhage due to Hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Hypertensive Malignant</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3/5/53</u> <u>Aug 24/52</u> <u>7 yrs</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>441X</u>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 31</u> , 19 <u>46</u> , to <u>March 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 5</u> , 19 <u>53</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clara G. Richman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>7660 Maryhurst Ave.</u>	
23c. DATE SIGNED <u>3/7/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u>		ADDRESS <u>617 Delmar</u>	

530 (Licensed Embalmer's Statement on Reverse Side)

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

*Or. Wickman*  
*466 Maryland*  
*FO 8344*

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 *jos. E McCulloh*  
.....

Licensed Embalmer No. *2960*

P. O. Address *6175 Delmar*

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.