

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16685

State File No. ....

FILED MAY 9 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1239

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch, Mo. c. LENGTH OF STAY (in this place) 9 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259

d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital

d. STREET ADDRESS (If rural, give location) 604 Chestnut

3. NAME OF DECEASED  
a. (First) Benedict b. (Middle) John c. (Last) Walsh

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953

5. SEX male

6. COLOR OR RACE White

7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) single

8. DATE OF BIRTH 1-28-01

9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver self employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward J. Walsh

13b. MOTHER'S MAIDEN NAME Mary O'Neil

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 489-03-1955

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Koch Hospital, Koch, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis  
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  
6 Days

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) 002x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1953, to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Donough M.D.

23b. ADDRESS Robert Koch Hospital

23c. DATE SIGNED 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 2 - 1953

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. 5-1-53

REGISTRAR'S SIGNATURE Hubert R. Donohue - M.D. W.A. Stock

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2117 E. Grand

P.T. (Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1957

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

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Dean

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.