

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27357**

FILED **AUG 6 - 1953**  
REG #112248  
BIRTH NO.

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2012**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>[REDACTED]</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		e. STREET ADDRESS (If rural, give location) <b>5833 COTE BRILLIANTE</b> <b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			
3. NAME OF DECEASED a. (First) <b>LEO</b>		b. (Middle) <b>J</b>	
c. (Last) <b>WALSH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-22-53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-15-96</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RATE CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>THOMAS WALSH</b>		13b. MOTHER'S MAIDEN NAME <b>JONAHANA SULLIVAN</b>	
14. NAME OF HUSBAND OR WIFE <b>HELEN WALSH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS., MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>PARTIAL INTESTINAL OBSTRUCTION</b>  INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>002K</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>7-21-53</b> , 19___, to <b>7-22-53</b> , 19___, that I had seen the deceased <del>before</del> <b>5:45A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R R Allen</b>		23b. ADDRESS <b>MD</b> <b>VAH JEFFERSON BARRACKS, MO.</b>	
23c. DATE SIGNED <b>7-22-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-25-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVERY, CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-22-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donike M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Harrigan Sheahan</b>		ADDRESS <b>4700 Washington</b>	

52W (Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *J. Wm Dumbley*.....

Licensed Embalmer No. *3653*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.