

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30508

FILED AUG 20 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7020**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>20 YRS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5935 THEODOSIA</b>		e. STREET ADDRESS (If rural, give location) <b>6 5935 THEODOSIA</b>			
3. NAME OF DECEASED a. (First) <b>ALOYSIUS</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>WALSH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 16 1953</b>		
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE 11, 1892</b>		9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PLUMBING SUPPLY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>WILLIAM WALSH</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA WALSH</b>	
14. NAME OF HUSBAND OR WIFE <b>MARIE HARTMAN WALSH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I</b>		16. SOCIAL SECURITY NO. <b>494-09-4884</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Marie Walsh</b>		17. ADDRESS <b>5935 Theodosia</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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b>		DUE TO (c)		3 1/2 yrs	
19a. DATE OF OPERATION <b>None</b>		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>4201 F - -</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? _____	
22. I hereby certify that I attended the deceased from <b>1-14</b> , 19 <b>51</b> , to <b>7-16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-11</b> , 19 <b>53</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Edward P. Rebo</b>		23b. ADDRESS <b>462 N. TAYLOR ST. Louis</b>		23c. DATE SIGNED <b>7-17-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tellulah Barnes</b>		ADDRESS <b>1416 W. Main St. St. Louis</b>	
DATE REC'D BY LOCAL REG. <b>JUL 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		26. (Licensed Embalmer's Statement on Reverse Side)	

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

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.....  
Licensed Embalmer No. 709  
P. O. Address East M. A.

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.