

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34259

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8907

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis		a. STATE Missouri b. COUNTY 2039	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) EDWARD		e. STREET ADDRESS 3 6815 Marquette (If rural, give location)	
a. (First)		b. (Middle) J	
c. (Last) WALSH		4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1953	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 21-1895	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur-Salesman		10b. KIND OF BUSINESS OR INDUSTRY Food Products	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Walsh		13b. MOTHER'S MAIDEN NAME Margaret McGown	
14. NAME OF HUSBAND OR WIFE Rosetta Walsh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. W.V.V.		17. INFORMANT'S SIGNATURE OR NAME Rosetta Walsh, 6815 Marquette, St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:40A m., from the causes and on the date stated above.	
23a. SIGNATURE James J. Ryle, Coroner		23b. ADDRESS Bob Clark	
23c. DATE SIGNED 9/14/53		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-17-1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 14 1953 J. Earl Smith, Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. SCHNUR 3125 Lafayette	

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

3
can see copy

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.....
John B. Volmer

Licensed Embalmer No.....
P. O. Address.....
4014
3125 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 34259

State of Mo. }
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8907

On this 14 day of Oct., 1953, before me appears E.J. Schnur

for Edward J. Walsh, who, upon her oath, states that the original record of birth died on Sept. 14, 1953, in the State of Missouri, and which was filed at St. Louis on Sep. 1953, should be corrected as follows:

Item No. 15 should read Yes W.W.I.

Instead of No

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E.J. Schnur Undertaker Relationship.

3125 Lafayette Ave. Present Address.

Subscribed and sworn to before me this 14th day of Oct., 1953,

My Commission expires 12/7/56 Notary Public. Bernard H. Tolmer

