

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

44828

State File No. ....

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3296

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>Lemay 23</u> <u>4870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 W. Loretta Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>202 W. Loretta</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>		b. (Middle) <u>J.</u>	
c. (Last) <u>WALSH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 28, 1899</u>
9. AGE (In years last birthday) <u>54</u>		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) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sylvester Kandelbinder</u>	
13b. MOTHER'S MAIDEN NAME <u>Phoebe Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>William Walsh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Walsh, 202 W. Loretta</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vascular heart disease</u> DUE TO (c) <u>old rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416 X</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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 18, 1899</u> , to <u>Dec 22, 1953</u> , that I last saw the deceased alive on <u>Dec 22, 1953</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bruce D. Beekley M.D.</u>		23b. ADDRESS <u>750 Lemay Ferry Rd.</u>	
23c. DATE SIGNED <u>12/23/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7420 Michigan</u>	
DATE REC'D BY LOCAL REG. <u>12-23-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb M.D.</u>	

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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.