

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **7415**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) Koch Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS	
c. LENGTH OF STAY (in this place) 1 yr 3 mo		d. STREET ADDRESS (If rural, give location) 2034 ANN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First)	b. (Middle) P.	c. (Last) WALSH	4. DATE OF DEATH (Month) (Day) (Year) JAN 19 1954
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV 23, 1893	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER	10b. KIND OF BUSINESS OR INDUSTRY TAXI	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME EDWARD WALSH SR.	13b. MOTHER'S MAIDEN NAME MARY ANN O'NEALLEY	14. NAME OF HUSBAND OR WIFE MARY ELIZABETH HAGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RECORDS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 002X
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 **NOV 3 1952**, to **JAN 19 1954**, that I last saw the deceased alive on **JAN 19 1954**, and that death occurred at **6:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Davis M.D.	(Degree or title)	23b. ADDRESS Koch Hospital Koch Mo	23c. DATE SIGNED 1-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/21/54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MISSOURI

DATE REC'D BY LOCAL REG. 1/19/54	REGISTRAR'S SIGNATURE Robert E. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
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(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
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo.

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.