

5. No. 300
v. 10-48

XC-487 090
REG. #115524

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7416

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 59 DAYS		d. STREET ADDRESS (If rural, give location) 4953 Potomac	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) LEO (DAVID)	b. (Middle) B.	c. (Last) WALSH	4. DATE OF DEATH (Month) (Day) (Year) 2-7-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-12-95	9. AGE (In years last birthday) 58 YRS	10. UNDER 1 YEAR Months Days	11. UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN-Byrne	10b. KIND OF BUSINESS OR INDUSTRY Sanitary Products	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN WALSH	13b. MOTHER'S MAIDEN NAME MARY MURPHY	14. NAME OF HUSBAND OR WIFE ISABEL WALSH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 489-01-7944	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GLIOBLASTOMA OF BRAIN		
	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? 193X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-10, 1953, to 2-7, 1954, that I last saw the deceased alive on 2-7-54 and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph J. Smith</i> (Degree or title) M.D.	23b. ADDRESS VAH JEFF. BRKS., MO.	23c. DATE SIGNED 2-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE <i>Herbert R. Domb</i>	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl
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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 *Edwin A. McQuinn*

Licensed Embalmer No. 3024

P. O. Address _____

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.