

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17469

State File No. _____

No. 300
10.48

JUN 8 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY <u>St. Louis Heights</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>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Webster Groves</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1609 Grant Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>F.</u> c. (Last) <u>Walden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1903</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR: Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder Contractor Contracting</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Harvey Walden</u>		13b. MOTHER'S MAIDEN NAME <u>Annstasia Conely</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Reno Walden</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>404-03-4177</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Reno Walden</u> ADDRESS <u>1609 Grant Road</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>Massive bleeding from Esophageal Varices</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u>		
	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 <u>5/22/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fatal</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>5810</u>	
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 5/22 1954, to 5/24 1954, that I last saw the deceased alive on 5/24 1954, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Goudon M.D.</u> (Degree or title)		23b. ADDRESS <u>106 So Central</u>		23c. DATE SIGNED <u>5/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 26</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Beckley</u> ADDRESS <u>Fun Home Inc 6536 Clayton Rd.</u>			

DATE REC'D BY LOCAL REG. <u>5/25/54</u>		REGISTRAR'S SIGNATURE <u>Walter B. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Beckley</u> ADDRESS <u>Fun Home Inc 6536 Clayton Rd.</u>	
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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.....
Signature of Student Embalmer

Signed..... *John S. Henn*
Licensed Embalmer No. *41*
P. O. Address *St. Louis*

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.