

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39668

State File No. ....

FILED NOV 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 590 Registrar's No. 2497

4601

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

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 Pine Lawn, Mo. c. LENGTH OF STAY (in this place) 1/4R

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mother of Good Counsel Home 6825 Natural Bridge

e. STREET ADDRESS (If rural, give location) 5515 ALASKA 2151

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) T c. (Last) Walsh

4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1954

5. SEX female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH DEC 11 1873

9. AGE (In years last birthday) 80 if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) OHIO

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME NICHOLAS WALSH

13b. MOTHER'S MAIDEN NAME MARY KELLY

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARTIN WALSH 5515 Alaska

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer of Colon

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES 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. Colostomy

2 yrs

19a. DATE OF OPERATION 1952

19b. MAJOR FINDINGS OF OPERATION (gross) Cancer of Colon

20. AUTOPSY? YES  NO  153X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from May, 1952, to Oct 26, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Staehle M.D.

23b. ADDRESS 7124 Natural Bridge

23c. DATE SIGNED 10-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10/28/54

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL BEER REG. REGISTRAR'S SIGNATURE 10/27/54 Heckel's

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 322 S. Grand, St. Louis, Mo.

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 *David Van Fossan*

Licensed Embalmer No. *424*

P. O. Address *6322 So. 5*

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.