FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31631

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7803

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 9-wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 16 2710 South Grand Blvd. 2161.0

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

4. DATE OF DEATH (Month) (Day) (Year): Sept.5,1955

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: Dec.4,1867
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John A.Washington
13b. MOTHER'S MAIDEN NAME: Sallie Vail Emory
14. NAME OF HUSBAND OR WIFE: Edward J.Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr.William Walsh,2710 South Grand Blvd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pyelonephritis — 6 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture left hip

19a. DATE OF OPERATION: 7-5-55
19b. MAJOR FINDINGS OF OPERATION: Fracture hip (Pinnel) 600.0
20. AUTOPSY? F YES [ ] NO [X]

21a. ACCIDENT (Specify) / SUICIDE / HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-4-55 ? m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 9-5-, 1955, *that I last saw the deceased alive on* 9-4-, 1955, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl J. Rex M.D.
23b. ADDRESS: 18 Ringshighway
23c. DATE SIGNED: 9-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.7,1955
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis County,Mo.

DATE REC'D BY LOCAL REG.: SEP 6 1955
REGISTRAR'S SIGNATURE: J Earl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arthur J Donnelly 3840 Lindell Blvd.

(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 em

by ~~me, or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address 384 O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.