

STANDARD CERTIFICATE OF DEATH

State File No. **42965**

FILED DEC 22 1955

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2880	
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) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (In this place) 14 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON #45			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 7922 BONHOMME			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) EUGENE		c. (Last) WALSH	
4. DATE OF DEATH (Month) (Day) (Year) DEC 8 1955		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB 11, 1874		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 22 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BELL TELEPHONE		11. BIRTHPLACE (City and State or Foreign Country) EVANSVILLE, ILL		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME MICHAEL WALSH		13b. MOTHER'S MAIDEN NAME SARAH DORAN		14. NAME OF HUSBAND OR WIFE KATHERINE WALSH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-07-6716		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHERINE WALSH 7922 BONHOMME			
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) Bronchial Pneumonia Pickett ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy Arterio Sclerosis General. DUE TO (c) Hemorrhagic Cystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Rt Femur occurred Nov. 25 at home				INTERVAL BETWEEN ONSET AND DEATH Dec 2 1955 Nov 26 1955	
19a. DATE OF OPERATION Aug. 1955		19b. MAJOR FINDINGS OF OPERATION Prostatectomy Hypertrophied Prostate 43H.3H				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clayton St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 26 55 1 Pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell to floor.			
22. I hereby certify that I attended the deceased from 1953 , to Dec 8, 1955 , that I last saw the deceased alive on Dec 7, 1955 and that death occurred at 2:00 A m. , from the causes and on the date stated above.							
23a. SIGNATURE Louton Petersen				(Degree or title)		23b. ADDRESS Richmond Heights Mo	
23c. DATE SIGNED Dec 8-55		23d. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23e. LOCATION (City, town, or county) (State) ST. Louis MO			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC 12, 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. Louis MO	
DATE REC'D BY LOCAL REG. 12-11-55		REGISTRAR'S SIGNATURE Herbert R. Plombe MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 889 S BRENTWOOD			

29. (Licensed Embalmer's Statement on Reverse Side)

CLAYTON 5

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 ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Kernelino

Licensed Embalmer No. 4283

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.