

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37595**

| | | | | | | | |
|---|-------------------------------|--|--|--|---|---|---------------------------------------|
| BIRTH NO. | | REG. DIST. NO. 113 | | PRIMARY REG. DIST. NO. 4185 | | Registrar's No. 587 | |
| 1. PLACE OF DEATH a. COUNTY Franklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair | | c. LENGTH OF STAY (In this place) 3 yrs | | c. CITY OR TOWN St. Clair | | 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 | | | | e. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Edward c. (Last) Walsh | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1956 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 16, 1913 | | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months 42 | IF UNDER 11 HRS. Hours 42 Mts. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telv. Sales & Serv. | | 10b. KIND OF BUSINESS OR INDUSTRY Own Shop | | 11. BIRTHPLACE (City and State or Foreign Country) Tipton, Illinois. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Thomas Walsh | | 13b. MOTHER'S MAIDEN NAME Anna Coleman | | 14. NAME OF HUSBAND OR WIFE Della Walsh | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 498 12 1507 | | 17. INFORMANT'S SIGNATURE OR NAME Della Walsh | | ADDRESS St. Clair, Mo. | |
| 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) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREVIOUS MYOCARDIAL INFARCT (M.I.) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 15 min. 15 mo. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 1954 , to DRAFT , 19___, that I last saw the deceased alive on 8-20-56 , 19 56 , and that death occurred at 8:50 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John P. Paul, MD (Degree or title) | | | | 23b. ADDRESS St. Clair, Mo | | 23c. DATE SIGNED 11-8-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 10, 1956 | 24c. NAME OF CEMETERY OR CREMATORY St. Clare Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Clair, Mo. | | |
| DATE REC'D BY LOCAL REG. 11-10-56 | | REGISTRAR'S SIGNATURE Lloyd Williams | | 25. FUNERAL DIRECTOR'S SIGNATURE Casey & Lenox | | ADDRESS St. Clair, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *K. M. Leno*

Licensed Embalmer No. *3601*

P. O. Address *H. Ohio, Pa.*

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.