

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016582

STATE FILE NUMBER

FILED MAY 8 1958

318

1003

Registrar's 4672

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Saint Louis</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Saint Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb <i>01</i> HOSPITAL OR INSTITUTION <i>3537a Arsenal</i>		d. STREET ADDRESS <i>3537a Arsenal</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>EDGAR</i> Middle <i>NMM</i> Last <i>WALSH</i>			4. DATE OF DEATH Month <i>April</i> Day <i>28</i> Year <i>1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 2, 1885</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>8</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Walsh Printing Co</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>James Walsh</i>		
14. MOTHER'S MAIDEN NAME <i>Jennie Lind Conn</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>486-22-1316</i>			17. INFORMANT Address <i>Mrs. Elsie N. Walsh 3537a Arsenal</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebros</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chr. Colitis</i>		
DUE TO (c) <i>-</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>5810</i>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i></i> Month, Day, Year a. m. <i></i> p. m. <i></i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <i>2-3-58</i> to <i>4-28-58</i> and last saw ^{her} alive on <i>4-28-58</i> Death occurred at <i>6:15 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Andrew J. Klein, M.D.</i>	22b. ADDRESS <i>4632 So Grand.</i>	22c. DATE SIGNED <i>4-29-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>May 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo;</i>
24. FUNERAL DIRECTOR ADDRESS <i>C. R. Lupton and sons 7233 Delmar Blvd</i>		25. DATE RECD. BY LOCAL REG. <i>APR 30 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 1000-56, Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2:30 PM C. 7-1

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 *Arnold W. Schoen*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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