

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015901

STATE FILE NUMBER

2 3798

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registration No.

300
1-57
36
7I
120
82

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Chouteau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granite City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's 19 hrs.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route One Box 1247		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Diana Louise Walsh			4. DATE OF DEATH Month Day Year April 16, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/26/48		9. AGE (In years last birthday) 10 IF UNDER 1 YEAR Months Days Hours Min. 5
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 country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Edison Walsh		13b. MOTHER'S MAIDEN NAME Doris Johnson		14. NAME OF HUSBAND OR WIFE Never married	
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 Address EMorsech - 500 S. Kingshighway Blvd.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Severe congenital heart disease (atrioventricular) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545					INTERVAL BETWEEN ONSET AND DEATH Unknown
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 a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <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 Death occurred at 11:00AM		to 4/15/59		and last saw her alive on 4/16/59	
22a. SIGNATURE (Degree or title) <i>Richard H. Hartz M.D.</i>		22b. ADDRESS 500 S. Kingshighway Blvd.		22c. DATE SIGNED 4/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-16-1959	23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS		23d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS
24. FUNERAL DIRECTOR <i>Wm. B. Williams Granite City Ill.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. APR 17 59	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5.28.

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 *Shanton C. Williams*

Licensed Embalmer No. *5216*

P. O. Address *Granite City, Ill*

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.