

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023691

FILED JUL 15 1959

Registration District No. 317 Primary Registration District No. 590 STATE FILE NUMBER Registrar's No. 1724

1. PLACE OF DEATH a. COUNTY St. Louis - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Pagedale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Vincent Hospital	Length of stay in lb. 6 yrs.	d. STREET ADDRESS 5448 Cabanne Ave.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Sister Mary** Middle **Leo** Last **Walsh**

4. DATE OF DEATH Month **6** Day **26** Year **1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER-MARRIED 8. DATE OF BIRTH **2/7/1872**

9. AGE (In years birthday) **87** 10. FUNDER YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Religious**

10b. KIND OF BUSINESS OR INDUSTRY **Religion**

11. BIRTHPLACE (City and state or country) **Ireland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Michael Walsh** 13b. MOTHER'S MAIDEN NAME **Mary Mahony** 14. NAME OF HUSBAND OR WIFE **none**

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 **Sister Claude Agnes 5448 Cabanne Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cardio vascular disease**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Chronic Brain Syndrome associated with generalized arterio sclerosis**

DUE TO (c) **Arterio sclerotic gangrene of foot**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **422.1**

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 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 **July 25, 1958** to **June 26, 1959** and last saw her alive on **7:40 a.m.** Death occurred at **7:40 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank M. Brogan, M.D.** 22b. ADDRESS **634 No. Grand, St. Louis, Mo.** 22c. DATE SIGNED **6/28/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/29/59** 23c. NAME OF CEMETERY OR CREMATORY **Calvary emet ery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR ADDRESS **Arthur J. Donnelly 3840 Lindell Blvd.** 25. DATE RECD. BY LOCAL REG. **6-28-59** 26. REGISTRAR'S SIGNATURE **John C. Murphy, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr Grogan
634 N. Grand Ave

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 *Francis Williamson*

Licensed Embalmer No. *3565* ..
P. O. Address *3840 Linda*

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.