

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2360

FILED MAR 23 1961

DATE AMENDED: 4/5/61
INSTEAD OF: Charles A. Walmsley
DOCUMENT: Funeral Director
SHOULD READ: Genevieve E. Walmsley
ITEM NO.: 14
BY AFFIDAVIT OF: Funeral Director

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>3 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6437 Nottingham Ave.</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>A.</u> Last <u>Walmsley II</u>						4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1961</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-14-1909</u>		9. AGE (last birthday) <u>51</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Management consultant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u>			11. BIRTHPLACE (City and state or country) <u>Washington, D. C.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles A. Walmsley I</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret LeMessieur</u>				14. NAME OF HUSBAND OR WIFE <u>Genevieve E. Charles-A. Walmsley I</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Gail M. Jeremiah 5322 Russell Ave. Calif</u>		Address <u>L. A.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subarachnoidal Hemorrhage with fractured right hip; suffered when struck by car operated by one Thomas Hennessy, in front of about 7365 Hampton Ave., about 8:00 P.M. March 6, 1961 - accident</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>see above</u>							
20c. TIME OF INJURY Hour <u>8:00</u> a.m. p.m. Month, Day, Year <u>3-6-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>02 street</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Felich E Taylor Coroner</u>						22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>3-10-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>March 11, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>		STATE			
24. FUNERAL DIRECTOR ADDRESS <u>Hornmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>MAR 10 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>				

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 *Eric C. Drayson*

Licensed Embalmer No. 4764

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.