

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017369

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3753**

FILED APR 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		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 City Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2844 Lemp				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First VICTORIA Middle ANN Last WALSH			4. DATE OF DEATH Month 4 Day 7 Year 62			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 9/25/57		9. AGE (last birthday) 4		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) Infant						10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.								
13a. FATHER'S NAME William R. Walsh						13b. MOTHER'S MAIDEN NAME Delores Sheppard						14. NAME OF HUSBAND OR WIFE								
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 William Walsh, 2844 Lemp						Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Fracture of the skull; 2. Multiple internal injuries; 3. Right hemothorax; 4. Hemo-peritoneum. suffered when struck by car operated by one Paul Pierce who left scene of accident in front of about 2848 Lemp, about 2:35 P.M. April 7, 1962. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CRIMINAL CARELESSNESS DUE TO (c) CRIMINAL CARELESSNESS												INTERVAL BETWEEN ONSET AND DEATH								
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) Criminal Carelessness (see above)																
20c. TIME OF INJURY Hour 2:35 P.M. a.m. p.m.		Month, Day, Year 4/7/62		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.) 24 street		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY		STATE								
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE Paul J. Simon						Degree or title Deputy Coroner			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 4/11/62								
23a. BURIAL, CREMATION REMOVAL (Specify) Removal			23b. DATE 4/11/62		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery			23d. LOCATION (City, town, or county) St. Louis, Mo.			23e. STATE (State)									
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette						ADDRESS		25. DATE RECD. BY LOCAL REG. APR 10 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.										

USE BLACK INK OR TYPEWRITER RIBBON

Coroner

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 *James R. Chapman*
Licensed Embalmer No. *4550*
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.