

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014468

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1089

STATE FILE NUMBER

VS 300
Rev. 4/59

1 4002

2 4030

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11 138

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 11 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b		c. CITY OR TOWN Moline Acres	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9923 Cambria Court	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First EDWARD Middle ANDREW Last WALSH		Month March Day 30 Year 1963		male	
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done including seasonal or temporary work if retired) Field Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Aircraft		8. DATE OF BIRTH 12/5/1916	
11. BIRTHPLACE (City and state or country) Fairfield, Conn.		9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John E. Walsh		13b. MOTHER'S MAIDEN NAME Marian Brown	
14. NAME OF HUSBAND OR WIFE Eleanor S. Walsh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		17. INFORMANT Dianne Zolotow 9923 Cambria Court	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemorrhage - intra-abdominal and some pleural - laceration of liver		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"/> Unkno		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Driver of car which collided with another vehicle	
20c. TIME OF INJURY Hour 7:46 p.m. Month, Day, Year 3/29/63		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.) highway	
20f. CITY, TOWN, OR LOCATION Jennings		COUNTY St. Louis		STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) Coroner Clayton, Missouri		22b. ADDRESS 9923 Cambria Court	
22c. DATE SIGNATURE 4/2/63		23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 4/1/63	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Sugar Loaf Key, Florida		(State)	
24. FUNERAL DIRECTOR Lupton Chapel, Inc		ADDRESS 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. 3-30-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

USE BLACK INK
OR
TYPEWRITER RIBBON

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. Schoene

Licensed Embalmer No.

3864

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.