

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3635**
Registrar's No. **00428**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tulsa		997 34
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Vincent's Sanitarium			d. STREET ADDRESS (If rural, give location) 1620 S. Detroit Street		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Michael c. (Last) Walsh			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1900		9. AGE (In years last birthday) 48 # UNDER 1 YEAR 11 Days # UNDER 1 HRS. 4 Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar Stand Operator		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John H. Walsh		13b. MOTHER'S MAIDEN NAME Nellie Quirk		14. NAME OF HUSBAND OR WIFE Madeline Walsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Madeline Walsh, Wife. ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Incarcerated left indirect inguinal hernia DUE TO (c) Psychosis, Paranoid State II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. absentia - left eye				INTERVAL BETWEEN ONSET AND DEATH 4 min 60 hrs 10 yrs 10 yrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 5613				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov. 10, 1948 , to Jan. 18, 1949 , that I last saw the deceased alive on 18 Jan. , 1949, and that death occurred at 11:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Lowry Brown, M.D.			23b. ADDRESS _____		23c. DATE SIGNED 1-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 1-18-49	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Tulsa Okla	
DATE REC'D BY LOCAL REG. 1-18-49		REGISTRAR'S SIGNATURE Thurmond Leung MO		25. FUNERAL DIRECTOR'S SIGNATURE Polliera Funeral Home ADDRESS 10423 St. Charles	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1949

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.

Signed.....

Sheldon Collier

Signed.....

Student Embalmer

Licensed Embalmer No.

3382

P. O. Address.....

12123 St. Charles

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