

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11549**
Registrar's No. **843**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY StLouis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN StLouis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home | | d. STREET ADDRESS (If rural, give location) 220 So Broadway | |

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|---|-------------------------------|--|---|
| 3. NAME OF DECEASED a. (First) William b. (Middle) _____ c. (Last) Walsh | | 4. DATE OF DEATH (Month) (Day) (Year) 3-31-1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 6-30-1860 |
| 9. AGE (In years last birthday) 89 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY odd jobs |
| 11. BIRTHPLACE (State or foreign country) StLouis Missouri | | 12. CITIZEN OF WHAT COUNTRY? US | |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME Patrick Walsh | | 13b. MOTHER'S MAIDEN NAME Ann Kerwin | | 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) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Blanche Whitaker ADDRESS House Springs Mo | |

| | | | | | |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | II. OTHER SIGNIFICANT CONDITIONS: Cerebral Hemorrhage | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 331X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 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) _____ | | 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 **3-26**, 19**50**, to **3-31**, 19**50**, that I last saw the deceased alive on **3-30**, 19**50**, and that death occurred at **1030A.M.**, from the causes and on the date stated above.

| | | | | | |
|---|--|----------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE A. J. Nerlik M.D. (Degree or title) _____ | | 23b. ADDRESS 3507 Patomac | | 23c. DATE SIGNED 4-1-1950 | |
|---|--|----------------------------------|--|----------------------------------|--|

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|---|--|---------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4-3-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Sacred Heart | | 24d. LOCATION (City, town, or county) (State) Valley Park Missouri | |
|---|--|---------------------------|--|--|--|---|--|

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 4-2-50 | | REGISTRAR'S SIGNATURE Herbert H. Doube M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary ADDRESS 4104 Manchester | |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John M. Sizemore*

Licensed Embalmer No. *4343*

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