

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 25384  
6321

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

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 ST. LOUIS, c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 11 TOWN 2425 N VANDEVENTER AVE 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION 2425 n. VANDEVENTER AVE

d. STREET ADDRESS (If rural, give location) ST. LOUIS, 0

3. NAME OF DECEASED  
a. (First) JENNIE b. (Middle) L. c. (Last) WALSH

4. DATE OF DEATH (Month) (Day) (Year) 7/22/50

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 7

8. DATE OF BIRTH 10/25/1881

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) ST. LOUIS, 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES WALSH

13b. MOTHER'S MAIDEN NAME ANNIE CLEARY

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'S SIGNATURE OR NAME ADDRESS MARY WALSH 2425 N. VANDEVENTER AVE

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH 2 yrs -

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

7 yrs -

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 14/22/21

22. I hereby certify that I attended the deceased from July 17, 1950, to July 22, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Sabatin D.O.

23b. ADDRESS 4167 Lee Ave

23c. DATE SIGNED 7/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7/25/50

24c. NAME OF CEMETERY OR CREMATORY TIPTON ILL.

24d. LOCATION (City, town, or county) (State) TIPTON ILLINOIS

DATE REC'D BY LOCAL REG. JUL 24 1950 REGISTRAR'S SIGNATURE J. B. Sabatin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE

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

10/25/50

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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert J. Green*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, Mo.*

Signed .....  
Student Embalmer

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.