

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32116

State File No.

317

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2301</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>University City 5,</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>3200</u> OR TOWN <u>University City 5,</u>		<u>4326</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 6820 Delmar Blv'd.,</u>				d. STREET ADDRESS (If rural, give location) <u>6820 Delmar Blv'd.,</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle)		c. (Last) <u>WALSINGHAM.</u>			
4. DATE OF DEATH <u>9/24/50.</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, MARRIED <u>WIDOWED</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>March 30, 1876.</u>		9. AGE (in years last birthday) <u>74.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.. Manage Breadon Estate.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ware, England.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Walsingham.</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Goldsmith.</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Breadon Walsingham.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		(If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Walsingham, Jr.,</u> ADDRESS <u>911 So. Central Ave.,</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				ANTECEDENT CAUSES				<u>6 wks</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>General arterio sclerosis</u>				<u>6 yrs.</u>	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>12-12, 1944</u> , to <u>9-24, 1950</u> , that I last saw the deceased alive on <u>9-24, 1950</u> , and that death occurred at <u>9:50 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William B. Day Jr.</u> (Degree or title)				23b. ADDRESS <u>3720 Washington</u>				23c. DATE SIGNED <u>9-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment.</u>		24b. DATE <u>9/27/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum.</u>		24d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Rock Road.</u>			
DATE REC'D BY LOCAL <u>SEP 26 1950</u>		REGISTRAR'S SIGNATURE <u>W.R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons,</u> ADDRESS <u>7233 Delmar Blv'd.,</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes: (F) 217 80

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 Melvin L Kemper

Signed
Student Embalmer

Licensed Embalmer No. 405-2

P. O. Address 48 St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

