

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10720

State File No. ....

1813

FILED MAR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 2-wks		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 3638 Clark Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Walsh		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1952	
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Oct. 6, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 4 Months	IF UNDER 12 HRS. 19 Hours
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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, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Edmond Walsh	13b. MOTHER'S MAIDEN NAME Mary Noonan	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Miss Evelyn Walsh, 3327 Liberty St.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Caecum.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Obstruction, Bowls.</u>		
	DUE TO (c) <u>Haemorrhage, Gastric</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Depressed Heart</u> <u>Detritus, Colon</u>			

19a. DATE OF OPERATION 2/15/52	19b. MAJOR FINDINGS OF OPERATION Cancer, Caecum, and Obstruction Bowls	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>153X</u>
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22. I hereby certify that I attended the deceased from Dec 12, 1941 to Feb 25, 1952, that I last saw the deceased alive on 19, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Smith</u>	(Degree or title)	23b. ADDRESS 007 N. Grand	23c. DATE SIGNED 2/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 28, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 26 1952	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed.....

*W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.