

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12473

State File No.

FILED MAR 18 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2093

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 18 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant 4000		
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			d. STREET ADDRESS (If rural, give location) Route # 3 Box 298			
3. NAME OF DECEASED (Type or Print) a. (First) Edward Ransford			b. (Middle) Walsh		c. (Last)	
4. DATE OF DEATH Feb. 22, 1953		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 29, 1893		9. AGE (In years last birthday) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Postoffice		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Edward Walsh Sr.		13b. MOTHER'S MAIDEN NAME Hanna Coughlin		
14. NAME OF HUSBAND OR WIFE Florence Walsh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) NO		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Walsh, Florissant, Mo.						
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis, Generalized (Intra Abdominal)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>July 5, 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>ulcerated stomach & changes</u> <u>Obstruction of common bile duct by metastatic lesions</u>				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? 151X		
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>21 Feb</u> , 19 <u>53</u> that I last saw the deceased alive on <u>21 Feb</u> , 19 <u>53</u> and that death occurred at <u>3:00 Am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Eugene W. Hall, MD</u>		23b. ADDRESS <u>2530 Florissant Rd</u>		23c. DATE SIGNED <u>23 Feb 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Mo.</u>		ADDRESS				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Eleana Province

Licensed Embalmer No. *3403*

P. O. Address *Jennings 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.