

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

30509

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7642**

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) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (If in this place) 10 1/2		d. STREET ADDRESS (If rural, give location) 3536 Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		e. STREET ADDRESS 21	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Walsh		4. DATE OF DEATH (Month) (Day) (Year) August 3, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 28, 1872
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		11. BIRTHPLACE (City and State or Foreign Country) Missouri.	
13a. FATHER'S NAME Unknown MacLeod		13b. MOTHER'S MAIDEN NAME Unknown	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Late Patrick Walsh	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Catherine Sanborn ADDRESS 6068 Pershing Ave	
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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, asthma, 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) Arteriosclerotic Heart Disease		
	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.			

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) 420.0
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 **Feb. 3, 1942** to **August 3, 1953**, that I last saw the deceased alive on **August 3, 1953**, and that death occurred at **2:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Neared Oster M.D.	23b. ADDRESS 5800 Arsenal	23c. DATE SIGNED 8/4/53
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery
24d. LOCATION (City, town, or county) (state) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. AUG 4 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl
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(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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student

Student Embalmer

Signed.....

Richard W. Stover

Licensed Embalmer No. 4607

P. O. Address.....

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.