

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34258**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8557**

FILED SEP 24 1953

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8557	
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 Saint Louis		c. LENGTH OF STAY (In this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis,		d. STREET ADDRESS (If rural, give location) 4960 Farlin Avenue, 15,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 4960 Farlin Avenue, 15,			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle) ANTHONY		c. (Last) WALSCH	
4. DATE OF DEATH Sept. 1st, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 28th, 1888		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		11. BIRTHPLACE (City and State or Foreign Country) Milwaukee, Wisconsin	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Century Elec. Co.		11. BIRTHPLACE (City and State or Foreign Country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anthony Walsch		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Victoria G. Walsch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymon J. Walsch, 4960 Farlin Avenue, 15			
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) Chronic intestinal obstruction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Numerous old adhesions. 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 8-10-53 8-31-53		19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction. Chr. gallbladder. Adhesions.				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) 545 X			
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?			
22. I hereby certify that I attended the deceased from Aug. 9, 1953 , to 9-1- , 19 53 , that I last saw the deceased alive on Sept. 1, 1953 , and that death occurred at 3:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Raymond J. Walsch</i> (Degree or title)				23b. ADDRESS 4930 Lindell Blvd. Saint Louis, Mo.		23c. DATE SIGNED 9-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/4/53		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. SEP 3 1953		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS FUNERAL HOME, INC., 4828 Natural Bridge Blvd	

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 John A. Mlesnar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.