

# STANDARD CERTIFICATE OF DEATH

State File No. **21411**  
Registrar's No. **5293**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits write RURAL and give township) <b>St. Louis, Mo</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>23 2656 Oregon Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>CORNELIUS WALSH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 18, 1867</b>
9. AGE (in years if under 1 year last birthday) Months Days Hours Mins. <b>86</b>		10. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <b>Carrollhoe</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State for Foreign Country) <b>St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Daniel Walsh</b>	
13b. MOTHER'S MAIDEN NAME <b>Katharina Ryan</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Daniel Walsh</b>		18. ADDRESS <b>2656 Oregon</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of 1st middle cerebral artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis ? 15 yrs</b> DUE TO (c) <b>Hypertensive cardiovascular disease ? 15 yrs</b>		
	11. 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>443X</b>

22. I hereby certify that I, attended the deceased from **June 8, 1954**, to **June 12, 1954**, that I last saw the deceased alive on **June 12, 1954**, and that death occurred at **7:25 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. C. Brewerman, M.D.</b>	23b. ADDRESS <b>Jewish Hospital, St. Louis, Mo</b>	23c. DATE SIGNED <b>6/14/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		

DATE REC'D BY LOCAL REG. <b>JUN 14 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. B.</b>	ADDRESS <b>1389 Union Blvd</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Bill C. Denson*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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