

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **9375**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 9375		
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. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN St. Louis		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 Little Sisters of Poor				e. STREET ADDRESS (If rural, give location) 3225 No. Florissant Ave.						
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A. c. (Last) Walsh			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1954							
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 31, 1881		9. AGE (In years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas J. Walsh			13b. MOTHER'S MAIDEN NAME Ellen Lane			14. NAME OF HUSBAND OR WIFE None				
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. None		17. INFORMANT'S SIGNATURE OR NAME Little Sisters of Poor						ADDRESS 3225 No. Flor
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 Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None						INTERVAL BETWEEN ONSET AND DEATH ???		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222						
22. I hereby certify that I attended the deceased from Sept 12, 1954 , to Oct 15, 1954 , that I last saw the deceased alive on Oct 11, 1954 , and that death occurred at 11:00 AM. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Bernard J. Holtz				23b. ADDRESS 2435 N. Grand Blvd			23c. DATE SIGNED 10-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL OCT 15 1954		REGISTRAR'S SIGNATURE J. Early Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell		

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

3.000 Pm & Day

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 Wm L. Safford..... Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... Wm L. Safford

Licensed Embalmer No. 467

P. O. Address 3840 Linden

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.