

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6594

Registrar's No. 1378

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 Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 9-13-54	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION. Frisco Employes Hospital 267			d. STREET ADDRESS (If rural, give location) 5834 Romaine		
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Parker c. (Last) Walsh		4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 17, 1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Representative		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Missouri, St. Louis		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Walsh		13b. MOTHER'S MAIDEN NAME Theresa Sullivan	14. NAME OF HUSBAND OR WIFE Rose Walsh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 707 16 2891	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Walsh 5834 Romaine Pl.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vascular Heart Disease; Mitral Valve RHEUMATIC Fever 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.			INTERVAL BETWEEN ONSET AND DEATH 8 mo. Unknown
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 410X		
22. I hereby certify that I attended the deceased from July 16, 1954 , to Feb. 14, 1955 , that I last saw the deceased alive on Feb. 14, 1955 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Frank J. McQuinn, M.D.		23b. ADDRESS 4960 Talled		23c. DATE SIGNED 2-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/17/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.	

(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.....

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 1/2 Adams

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.