

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 18 1955

318

1003

1924

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				No. STREET ADDRESS (If rural, give location) 70 3733 NO. TAYLOR 2109			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) J.		c. (Last) WALSH		4. DATE OF DEATH (Month) (Day) (Year) FEB. 26 1955	
5. SEX MALE <input type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH APRIL 16, 1901 53	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY BUS COMPANY		11. BIRTHPLACE (City and State or Foreign Country) I IRELAND		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME PATRICK WALSH			13b. MOTHER'S MAIDEN NAME MARGARET SHANAHAN			14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-10-7707		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPHINE RYAN 3733 NO. TAYLOR			
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) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-operative condition DUE TO (c) Cancer of stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-operative bowel obstruction				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years 2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Cancer of stomach and the bowel obstruction				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 151X			
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? _____			
22. I hereby certify that I attended the deceased from 2-20, 1955 , to 2-26, 1955 , that I last saw the deceased alive on 2-26, 1955 , and that death occurred at 10:00 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cyral Costello, M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 2, 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. MAR 1 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE			

(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.....
Signature of Student Embalmer

Signed *M. W. Rueter*.....

Licensed Embalmer No. *480*

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.