

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 29275

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7697

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granite City</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>3024 Nameoki Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u>		b. (Middle) <u>JARVIS</u>	
c. (Last) <u>WALSH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1915</u>
9. AGE (In years last birthday) <u>41</u>		10. MONTHS <u>4</u> DAYS <u>19</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>tavern</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Edward Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Brown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Berniece Walsh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>494-09-7065</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Berniece Walsh</u>		ADDRESS <u>3024 Nameoki Rd., Granite City, Ill.</u>	
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) <u>Carcinoma of lung</u> <u>With metastases</u> ANTECEDENT CAUSES <u>a. Metastases</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163x</u>	
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			
22. I hereby certify that I attended the deceased from <u>8-10, 1956, to 8-19, 1956</u> , that I last saw the deceased alive on <u>8/18, 1956</u> , and that death occurred at <u>11:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. F. Hayden</u> L.F. Hayden (Degree or title) M.D.		23b. ADDRESS <u>730 Hodiament</u>	
23c. DATE SIGNED <u>8/28/56</u>			
24a. BURIAL CHURCH, TOMB, REMOVAL (Specify)		24b. DATE <u>8/22/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>AUG 20 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leona R. Darr</u>		ADDRESS <u>2000 Cleveland Blvd Granite City, Ill.</u>	

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 Leonard R. Davis

Licensed Embalmer No. 8375

P. O. Address 2060 Cleveland Blvd
Granite City, Illinois

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.