

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

State File No. **32476**  
 Registrar's No. **7818**

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 town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2206 North 11th., Street</b>		e. STREET ADDRESS (If rural, give location) <b>2206 North 11th., Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Edward T. Walsh (Reverend)</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22, 1956</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>Dec. 8, 1891</b>
9. AGE (In years last birthday) Months Days Hours Min. <b>64</b>		10. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Walter Walsh</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen O'Keefe</b>	
14. NAME OF HUSBAND OR WIFE <b>_____</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>_____</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rev. Charles R. Koester, 2206 No. 11th., St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease (per hypertension)</b> DUE TO (c) <b>Chronic nephritis - present</b> II. 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 <b>420.1</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		21f. _____	
22. I hereby certify that I attended the deceased from <b>2-2-53</b> , 19____, to <b>8-22-56</b> , 19____, that I last saw the deceased alive on <b>8-2-56</b> , 19____, and that death occurred at <b>7 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John + Flynn BMD</b>		23b. ADDRESS <b>1715 So 39th St. Louis (W) Mo</b>	
23c. DATE SIGNED <b>8-23-56</b>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 27, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 23 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith m.d.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnell</b>		ADDRESS <b>504 Lindell Blvd.</b>	

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

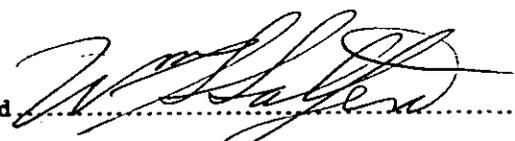
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STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 4679.....

P. O. Address 3840.....

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.