

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15421**
Registrar's No. **3236**

FILED APR 29 1957

318

1003

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 _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 mths		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 Jewish Hosp.				e. STREET ADDRESS (If rural, give location) 27 Jewish Sanatorium				
3. NAME OF DECEASED (Type or Print) JOSEPH (AKA WALASH) WALLASH			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Apr. 3, 1957				5. SEX Male		6. COLOR OR RACE White		
7. MARRIED: NEVER MARRIED: <input type="checkbox"/> WIDOWED: <input checked="" type="checkbox"/> DIVORCED: (Specify) Wid.		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab. 76		10. IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? Unk.		
13a. FATHER'S NAME Unk.			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Beckie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 200-10-9980		17. INFORMANT'S SIGNATURE OR NAME Jewish Hosp. St. Louis, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
		ANTECEDENT CAUSES Morbidity 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. general arteriosclerosis						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 491x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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) (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 3. 30 , 19 55 , to Apr. 3 , 19 57 , that I last saw the deceased alive on April 2 , 19 57 and that death occurred at 8:55 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ray H. Steinberg, M.D.				23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 4.3.57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/3/57		24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha		24d. LOCATION (City, town, or county) (State) University City, Mo.		
DATE REC'D BY LOCAL REG. APR 3 '57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Berger ADDRESS Memorial 4715 McPerson				

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

St. Louis 6 mths 6 mths St. Louis
 x NEWBORN DEPT x
 Jewish Home for the Aged
 APR. 3, 1927
 [REDACTED] (AKA WALSH)
 sp. 70 UNK. white
 UNK. Polona Coal UNK. UNK. UNK.
 Beckie UNK.
 No 500-10-9880 Jewish Hosp. St. Louis, Mo.

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 *Quino J. Juding*
 Licensed Embalmer No. 7229

P. O. Address

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.

Becher Memorial A.S. of Herndon