

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-013353

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2754** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN East St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis- Little Rock Hospitals, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 Bouganville
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ann Adele Middle Walsh Last Walsh			4. DATE OF DEATH Month March Day 8 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned Supr. Typing Bureau		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Martin Walsh		13b. MOTHER'S MAIDEN NAME Mary Whalen		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-14-0248	17. INFORMANT Frank E. Walsh #5 Bouganville Dr E. St. Louis, Ill		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Transition; Cachexia			1 mo
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING UNDERLYING CAUSE LAST			3 mos
DUE TO (c) Carcinoma of the Rectum			6+ mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) contusions left forearm and left chest			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home	
20c. TIME OF INJURY 8:05 AM		Month, Day, Year 3-7-60	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION E. St. Louis, Illinois	COUNTY STATE
21. I attended the deceased from Mar. 7, 1960 2 pm , to Mar. 7, 1960 and last saw her ^{her} alive on Mar. 7, 1960; 2 pm Death occurred at 2:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Bardm Passanante, M.D.		22b. ADDRESS 1755 So. Grand Ave.	22c. DATE SIGNED 3/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-11-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel,	23d. LOCATION (City, town, or county) (State) Belleville, Ill.
24. FUNERAL DIRECTOR Brichler 2218 State St. E. St. Louis, Ill		25. DATE RECD. BY LOCAL REG. MAR 9 1960	26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Chaplain

Licensed Embalmer No. 5003

P. O. Address Dupo, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.