

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017658

FILED VS APR 22 1960 317

Registration District No. 541 Primary Registration District No. 541 Registrar's No. 914 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
a. COUNTY St. Louis	a. STATE Missouri		b. COUNTY St. Louis
b. CITY (if outside corporate limits, give TOWNSHIP only) Clayton	Length of stay in 1b	c. CITY OR TOWN Overland	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA County Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3435 Coles	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Helen	Middle M	Last Walsh	4. DATE OF DEATH	Month Mar	Day 15	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/28/16	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Eldridge Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Forrest Vance	13b. MOTHER'S MAIDEN NAME Della Stackhouse	14. NAME OF HUSBAND OR WIFE Joseph J. Walsh
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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.	17. INFORMANT Mrs William Bentley	Address 5004 Annette Ct
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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) Acute Cardiac Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Cardiac Valvular Disease	
DUE TO (c) Rheumatic Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Mo
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21. I attended the deceased from 3/11/60 to 3/11/60 and last saw her/him alive on 3/11/60
Death occurred at 3117 Lafayette on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Schnur	(Degree or title)	22b. ADDRESS 3125 Lafayette	22c. DATE SIGNED 3-17-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/18/60	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis County Mo
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24. FUNERAL DIRECTOR E. J. Schnur	ADDRESS 3125 Lafayette	25. DATE RECD. BY LOCAL REG. 3-17-60	26. REGISTRAR'S SIGNATURE Jahac Murphy Md.
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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 Thomas R. Penwin

Licensed Embalmer No. 3793

P. O. Address 3125 Lopez

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.