

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **XC-1217 952** **SL 10559**

-62-045027
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____

Primary Registration, District No. _____

Registrar's No. _____

10894

FILED NOV 26 1962 318

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Rev. 4/59

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|---|--|---|-------------------|---|---|--|---|--|-------------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. | | Length of stay in 1b 5 days | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair | | c. CITY OR TOWN E. St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1636 N. 48th St. | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MARTIN T. WALSH | | | First Middle Last | | | 4. DATE OF DEATH November 12 1962 | | | Month Day Year | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH | | 9. AGE (last birthday) 74 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Rate Clerk | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 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 Ann Walsh | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-1 | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Ann Walsh (Wife), Same as 2. | | | | | |
| 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) MYOCARDIAL INFARCTION | | | | | | | | | | ONE WEEK | |
| DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE | | | | | | | | | | 10 YEARS | |
| DUE TO (c) 4200 | | | | | | | | | | | |
| 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 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 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 | | COUNTY | | STATE | |
| 21. I attended the deceased from 11/7/62 to 11/12/62 and last saw xxx him alive on 11/12/62 Death occurred at 6:50 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Carl E. Reiner M. D. CARL E. REINER VAH, ST. LOUIS, MO. | | | | | | 22b. ADDRESS | | | 22c. DATE SIGNED 11/12/62 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-15-62 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem | | | 23d. LOCATION (City, town, or county) (State) Belleville Ill. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS G.W. Brichler, Jr. 2218 State St. | | | | | 25. DATE RECD. BY LOCAL REG. 11-13-1962 | | 26. REGISTRAR'S SIGNATURE Road Smith. M.D. | | | | |

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 Frank Prokoff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.