

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030616
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7558

FILED AUG 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
2 208
3
4 0
5 1
6
7 0
8 2
9
10
11
12 9h-0
13

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 27 yrs	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 8660 Oriole Ave.		d. STREET ADDRESS (If outside, give location) 8660 Oriole Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J. WALSH		4. DATE OF DEATH Month Day Year July 21 1963	
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 10/13/1877
9. AGE (last birthday) 85		10. BIRTHPLACE (City and state or country) St. Louis, Missouri	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Patrick Walsh		13b. MOTHER'S MAIDEN NAME Bridget Nulty	
14. NAME OF HUSBAND OR WIFE Catherine Walsh		15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) no	
16. INFORMANT Catherine Walsh		Address 8660 Oriole Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia DUE TO (b) ASHA DUE TO (c) cardio decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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 a.m. p.m. Month, Day, Year			
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 June 1962 to 7-21-63 and last saw her ^{her} alive on 7-20-63 4 PM . Death occurred at 2:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joe Reynolds		22b. ADDRESS 832 1/2 Broadway (47)	
22c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		22d. LOCATION (City, town, or county) St. Louis Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 24 1963	
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY 5967 W. FLORISSANT		25. DATE RECD. BY LOCAL REG. JUL 23 1963	
26. REGISTRAR'S SIGNATURE Coal 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

Ralph C. Linders

Licensed Embalmer No.

4275

P. O. Address

Al. 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.