

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17124
Do not use this space.

1. PLACE OF DEATH **REC'D JUL 9 1938**

(a) County.....
 (b) Township.....
 (c) City **Saint Louis**
 (d) Street No. **DARNES** (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Imogene Welch King**
 (a) Residence, No. St. **Golden, Ill.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry King**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Decatur, Mich.**

FATHER
 13. NAME **A. L. Welch**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mich.**

MOTHER
 15. MAIDEN NAME **Jessie Morris**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mich.**

17. INFORMANT **H. W. Stocking,**
 (ADDRESS) **Golden, Illinois.**

18. BURIAL, CREMATION, OR REMOVAL **Ill.**
 PLACE **Woodlawn Cem. Agusta** DATE **June 2, 1938**

19. FUNERAL DIRECTOR (NAME) **Philander Craig**
 (ADDRESS) **4468 Washington Bldg.**

20. FILED **MAY 31 1938** **J. D. Bredich**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 30 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4-24** 19**38** to **5-30** 19**38**.
 I last saw her alive on **5-30** 19**38**. Death is said to have occurred on the date stated above, at **6:30 pm**.
 The principal cause of death and related causes of importance were as follows:
Massive pulmonary embolism
Cyst adenocarcinoma of
uterus
at ovary
Primary seat at Ovary
 Other contributory causes of importance:
Chronic heart d.
mitral stenosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **ye**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify **Chronic heart d.** M. D.
 (Signed) **BARNES HOSPITAL**
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

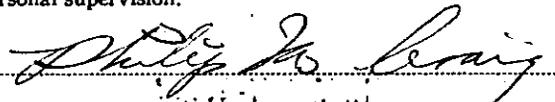
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Philip M. Craig

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. 3281.....

P. O. Address 4468 Washington Blvd......

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 this body is not embalmed, above space should be left blank.