

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8824**
2234
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stone Nursing Home. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME **Phillip Welborn**
Paul Wilton
 3. (b) If veteran, name war **Unknown**
 3. (c) Social Security No. **None**

4. Sex **Male (M)** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **& Widowed**
 6. (b) Name of husband or wife **Martha**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 19 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **21**
 If less than one day _____ hr. _____ min.

9. Birthplace **Desloge Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Welborn**
 (b) Address **3934 Botanical**

17. (a) **Removal** (b) Date thereof **3/11/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Desloge, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington Ave.**

19. (a) **MAR 10 1941** (b) **J. W. Zudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francis 24**
 (c) City or town **Desloge Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March 9** day **9**
 year **1941** hour **4** minute **30** P.M.
 21. I hereby certify that I attended the deceased from **1930**
 _____, 1930, to **3/9**, 1941;
 that I last saw him alive on **March 7**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute meningitis following days myocarditis
 Due to **myocarditis** Duration **10 days**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **none**
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury **DM**
 23. Signature **W. P. Dink...** (M. D. or other)
 Address **Desloge Mo** Date signed **2-9-41**

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

Signed

J. Wm Binkley

Licensed Embalmer No.

3653

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 this body is not embalmed, fact should be so stated above.