No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15870

FILED MAY 13 1944

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1074

**1. PLACE OF DEATH:**

(a) County: St. Louis

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Nov. 5, 1943 (Specify whether years, months or days)

In this community: Since November 5, 1943

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: - -

(c) City or town: Hannibal,
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R. #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: - -

3. (a) PRINT FULL NAME: WELCH, James A.

3. (b) If veteran, name war: W.W. #2

3. (c) Social Security No. 486-14-4804

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: - -

6. (c) Age of husband or wife if alive: - - years

7. Birth date of deceased: September (Month) 17, (Day) 1918 (Year)

8. AGE: Years 25 | Months 7 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace: Moberly, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Truck Driver,

11. Industry or business: U.S.Dept.of Interior,Troy, Mo.

FATHER
12. Name: James S. Welch,
13. Birthplace: Moberly, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Brockman,
15. Birthplace: Huntsville, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: M. Schilly Cl.Clk.,

(b) Address: Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) removal by rail (Burial, cremation, or removal) (b) Date thereof: 5-10-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Hannibal, Missouri

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.,

(b) Address: 7814 South Broadway, St. Louis, Mo.

19. (a) MAY 11 1944 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9th year 1944 hour 11:15 minute A.M. M.

21. I hereby certify that I attended the deceased from November 5, 1943, to May 9, 1944, that I last saw him alive on May 9, 1944, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: PYELONEPHROSIS, BILATERAL. | UNKNOWN |
| Due to: CYSTITIS, CHRONIC. | UNKNOWN |
| Due to: - - | |
| Other conditions (Include pregnancy within 3 months of death): DIVERTICULOSIS, URINARY, BLADDER AND POSTERIOR URETHRA. | UNKNOWN |

Major findings:
Of operations: No operation.

Of autopsy: Autopsy performed - 33a
See cause of death.

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): No

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work (Specify type of place) (e) Means of injury

23. Signature: L.M. COCHRAN, LT.COL.M.C. (M.D. or other)

Address: Chief Medical Officer, Date signed 5-9-44

Jefferson Barracks, Mo.

707

JUL 25

JUN 9 1944

## 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: Harry J. Schumacher

Licensed Embalmer No. 2679

P.O. Address 732 Lemay Ferry rd

**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.**