

No. 2
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5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18311/

State File No. 9

Registrar's No. 982

FILED JUN 1 1945
Registration District No. 1785

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6138 Ridge Avenue.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis!
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6138 Ridge Avenue.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Minervia S. Welshhon.
3. (b) If veteran, name war None
3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 21
year 1945 hour 6 minute 35 A. M.

4. Sex Female! 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orville Welshhon
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased February 11 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 5
1945, to Apr 19 1945
that I last saw her alive on Apr. 19 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 2 10 hr. min.
9. Birthplace DeSoto Missouri!
(City, town, or county) (State or foreign country)

Immediate cause of death uterine hemorrhage
Due to Cancer of uterus 5. cm.
Due to 48 hr

10. Usual occupation Housewife.
11. Industry or business.....
12. Name Dave Burke.
13. Birthplace Waco. Texas.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

14. Maiden name Mary Bayliss.
15. Birthplace Crawford County, Missouri!
(City, town, or county) (State or foreign country)
16. (a) Informant Orville Welshhon.
(b) Address 6138 Ridge Avenue.
17. (a) Burial (b) Date thereof 4/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Missouri.

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?

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
5966 Benton Ave., St. Louis, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature H. D. Hawkes, M.D. (M. D. or other)
Address 1506 Hadley Date signed 4-21-45

Duration
1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 2 1948

DM

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 *Ben C. Harris*

Licensed Embalmer No. *4366*

P. O. Address *Harris, Me*

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.

No. 2B
M-3-45
1-13880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6138 Ridge Ave.
(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 Minervia S. Welshon

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex F

5. Color or race VI

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

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

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days
50 3 11
If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....
(Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Geo. L. Meitsch Ind.

(b) Address 5966 Easton Ave., St. Louis

19. (a).....
(Date received local registrar) (b) D. C. McEwan
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6138 Ridge Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day.....
year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Uterine Hemorrhage Cancer of uterus

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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.....

23. Signature W. D. Hawker M.D. (M. D. or other).....
Address 1506 No. 10th St. Date signed.....

SUPPLEMENTARY

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

| 8311