V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

Sr. Surgeon, Med. Off. in Charge

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1945

State File No. 28583

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 9061

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. Marine Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 308 days (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X
(c) City or town Diehlstadt 0 (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country X

3. (a) PRINT FULL NAME Clyde Welch
3. (b) If veteran, name war unknown
3. (c) Social Security No. 491-16-3288
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married/
6. (b) Name of husband or wife Dessa Welch
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April (Month) 12 (Day) 1894 (Year)

8. AGE: Years 51 Months 4 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Pile Driver Fireman
11. Industry or business U. S. Engineer Dept. U.S. Army

FATHER
12. Name Levi Welch
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Etta Sharp
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Clinical Records of hospital
(b) Address U.S. Marine Hosp. Kirkwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Diehlstadt, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 8-20-45 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1945 hour 5:20 minute A.M.
21. I hereby certify that I attended the deceased from October 13th, 1944, to August 17th, 1945 that I last saw him alive on August 15th, 1945, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adeno Carcinoma of rt. Bronchus	1 yr
Due to 47 e	
Due to	
Other conditions Sinus of rt. thorax, following exploratory thoracotomy (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy X

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury X

23. Signature J. F. Kelly (M. D. or other)
Address J. F. Kelly, P. A. Surg. U.S. Marine Hosp., Kirkwood, Mo Date signed 8/17/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

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 Albert G. Koppe

Licensed Embalmer No. 2921

P. O. Address .....

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.