

No. 2  
-5-43  
5-17-39  
X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25848

FILED JUL 16 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. 5850

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Barnes Hospital  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 10 days (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County \_\_\_\_\_  
 (c) City or town Hutchinson  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 611 Avenue A  
 (If rural, give location)  
 (e) Citizen of foreign country? 2 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto Rollin Welch  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
 year 1946 hour 09 minute 40 P. M.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mertie H. Welch  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased: Dec 19 1867  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
June 22, 1946 to July 1, 1946  
 that I last saw him alive on July 1  
 and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day  
78 6 12 hr. \_\_\_\_\_ min.

Immediate cause of death  
Bronchopneumonia  
 Due to Carcinoma of stomach

9. Birthplace Knoville Iowa  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired  
 11. Industry or business Shoe merchant

Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings: Carcinoma of stomach  
 Of operations \_\_\_\_\_  
 Of autopsy None

MOTHER FATHER  
 12. Name John A. Welch  
 13. Birthplace unknown  
 14. Maiden name Mary Haines  
 15. Birthplace unknown

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

16. (a) Informant Yes: W. Utch  
 (b) Address Hutchison, Kansas  
 17. (a) Removal (b) Date thereof 7-2-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hutchison, Kansas

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 C. R. Lupton & Sons  
 (b) Address 7233 Delaney Blvd  
 19. (a) JUL 9 1946 (b) J. F. Bredeek  
 (Local health officer) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature JR Prindley (M. D. FOSTER)  
 Address Barnes Hospital Date signed 7/2/46

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

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**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**