No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7183

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1592

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1910 Rutger Street.,
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1910 Rutger Street., 9
(If rural, give location)

(e) Citizen of foreign country? 22 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lonie Welch

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October (Month) 14 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	4	1	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Welch
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Stella Jackson
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Jessie Welch
(b) Address 1910 Rutger Street.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Missouri

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

19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1948 hour 9 minute 05 A M.

21. I hereby certify that I attended the deceased from ....., 19....., 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 Cachexia of Brain Cordiac Dilatation

Due to

Due to 83

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Patrick E. Taylor (M.D. or other)

Address Deputy Coroner Date signed 2-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.