S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1950

State File No. 11260

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2155

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2354 VIRGINIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location) 2354 VIRGINIA

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) B. c. (Last) WELSH

4. DATE OF DEATH (Month) (Day) (Year) MAR. 5 1950

5. SEX Male **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** AUG. 27 1872 **9. AGE** (In years last birthday) 77 IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST **10b. KIND OF BUSINESS OR INDUSTRY** BLUE LINE CHEM. **11. BIRTHPLACE** (State or foreign country) PENNSYLVANIA **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME NATHANIEL WELSH **13b. MOTHER'S MAIDEN NAME** IRENE WARWICK **14. NAME OF ~~HUSBAND~~ OR WIFE** HARRIET WELSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** ROBERT W. WELSH **ADDRESS** 2354 VIRGINIA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Bronchitis - Myocardial failure Pernicious Anemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saix

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 2 *, 19*50*, to* March 5 *, 19*50*, that I last saw the deceased alive on* March 5 *, 19*50*, and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Berry MD (Degree or title) **23b. ADDRESS** 3203 S Grand St Louis Mo **23c. DATE SIGNED** 3-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** MAR. 8 1950 **24c. NAME OF CEMETERY OR CREMATORY** VALHALLA CEM. **24d. LOCATION** (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. MAR 6 **REGISTRAR'S SIGNATURE** [illegible] **25. FUNERAL DIRECTOR'S SIGNATURE** Thomas Kutis **ADDRESS** 2906 Grove

(Licensed Embalmer's Statement on Reverse Side)

Mary

Lic 7857

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Homer C Dill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Grave

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.