

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28783**  
Registrar's No. **2156**

BIRTH NO. **54443-50** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		STREET ADDRESS (If rural, give location) <b>1905a Division</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Welch Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 12 50</b>	
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>8-12-50</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>2 26</b> # UNDER 1 YEAR <b>2</b> MONTHS <b>26</b> HOURS <b>26</b> MIN.
11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Virgil Eugene Welch</b>		13b. MOTHER'S MAIDEN NAME <b>Urella White</b>	
14. NAME OF HUSBAND OR WIFE		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 ADDRESS <i>Walter M. Reed</i> <b>2601 N. Whittier</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>  ANTECEDENT CAUSES <b>Congenital Atelectasis</b> Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>762.5</b>		22. I hereby certify that I attended the deceased from <b>8-12</b> , 19 <b>50</b> , to <b>8-12</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>8-12</b> , 19 <b>50</b> , and that death occurred at <b>11:10a</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>W. D. ...</i> <b>M. D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>	
23c. DATE SIGNED <b>8-15-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>0</b>	
24b. DATE <b>AUG 23 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE (Institution) <b>Rowland Mortuary Service, Inc.</b> St. Louis 10, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 23 1950</b> <i>J. B. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE (Institution) <b>Rowland Mortuary Service, Inc.</b> St. Louis 10, Mo.	

OR  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

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.