

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21504

FILED JUN 23 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5282

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	<u>2149</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>14 4982 Pernod Ave.</u>	<u>8</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>	b. (Middle) <u>Y.</u>	c. (Last) <u>WELBORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jun. 7 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1897</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>53</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic-Streets &amp; Sewers-City of St.L.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bloomsfield, Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Joel Welborn</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Mary G. Welborn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary G. Welborn</u>	ADDRESS <u>4982 Pernod Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF Stomach</u>		
	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.			

19a. DATE OF OPERATION <u>5/20/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Advanced Carcinoma of Stomach</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>151X</u>
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22. I hereby certify that I attended the deceased from 20 May, 1951, to 7 JUNE, 1951, that I last saw the deceased alive on 7 JUNE, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Benjamin T. Houston, M.D.</u>	(Degree or title)	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>6-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jun. 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 9 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lataste</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Richard W. Stovesand* .....

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4007* .....

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.