

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12498**  
Registrar's No. **3145**

FILED APR 4 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>15 Yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1919 Hickory</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>IGNATIUS</b> b. (Middle) c. (Last) <b>WELTY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 21, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 10, 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (In years last birthday) <b>85</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Welty</b>		13b. MOTHER'S MAIDEN NAME <b>Mary O'Danell</b>	
14. NAME OF HUSBAND OR WIFE <b>Cordellia Welty</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hersel Welty, 2728 St. Vincent, St. Louis</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>Hypertensive Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pernicious Anemia</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 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>443x</b>		22. I hereby certify that I attended the deceased from <b>July 10, 1952</b> , to <b>March 21, 1953</b> , that I last saw the deceased alive on <b>March 20, 1953</b> , and that death occurred at <b>11 P.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Leroy W. Davies, M.D.</b>		23b. ADDRESS <b>2219 So. Jefferson Ave</b>	
23c. DATE SIGNED <b>March 23, 1953</b>		24a. LOCATION (City, town, or county) (State) <b>Bismarck, Missouri</b>	
24b. DATE <b>3-24-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows</b>	
24d. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Funeral Home, 2301 Lafayette</b>	
DATE REC'D BY LOCAL REG. <b>MAR 23 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

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

