

No. 300-10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16691

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1167

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS,</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NORMANDY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>AFFTON 4820</u>	
c. LENGTH OF STAY (in this place) <u>1yr</u>		d. STREET ADDRESS (If rural, give location) <u>37 SAPPINGTON ACRES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOTHER OF GOOD COUNCEL HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>WELSH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>3/5/1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PATTONVILLE PA,</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>PETE MURPHY</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA MURPHY</u>	14. NAME OF HUSBAND OR WIFE <u>J. R. WELSH</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NAN HUETTEMANN</u>	ADDRESS <u>4115 ANDERSON 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>  <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Coronary attack</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Jan, 1953, to Apr 22, 1953, that I last saw the deceased alive on Apr 21, 1953 and that death occurred at 8:22 PM., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>M. Stachle</u>	23b. ADDRESS <u>7124 Natural Bridge</u>	23c. DATE SIGNED <u>4-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-24-53</u>	REGISTRAR'S SIGNATURE <u>Robert R. Drake MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>	ADDRESS <u>4600 NATURAL BRIDGE AVE</u>
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(Licensed Embalmer's Statement on Reverse Side)

*Dr. M. Heath  
no. 1000  
at St. Louis  
Friday*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis Mo.*

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.