No. 300
10-48

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

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44538

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11589

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1116 Yale Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Douglas
c. (Last): Welch

4. DATE OF DEATH (Month) (Day) (Year): 12 - 7 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7 - 28 - 1864
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (City and State or Foreign Country): Independence, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wesley Welch
13b. MOTHER'S MAIDEN NAME: Charlotte Locy
14. NAME OF HUSBAND OR WIFE: Florence May Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Florence M. Welch, 1116 Yale Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — 4 years.
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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

331X

22. *I hereby certify that I attended the deceased from* Nov. 26, 1953, *to* Dec. 6, 1953, *that I last saw the deceased alive on* Dec 6, 1953, *and that death occurred at* 5:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. J. Eversoll M.D.
23b. ADDRESS: 6356 Clayton Road
23c. DATE SIGNED: Dec. 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/9/53
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: DEC 8 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Drehmann-Harral 1905 Union Blvd.

E.P. (Licensed Embalmer's Statement on Reverse Side)

Dr. Norton J. Eversole
6356 Clayton Rd.
Mon. till 6PM
Tue 3 - 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Albert R. Thompson Jr.

Licensed Embalmer No. 4277

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.