

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6970**
1788

FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Mo.**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis Mo.** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1421 Hogan** e. STREET ADDRESS (If rural, give location) **21 1421 Hogan 2218**

3. NAME OF DECEASED a. (First) **Thomas** b. (Middle) _____ c. (Last) **Welsh** 4. DATE OF DEATH (Month) **2** (Day) **6** (Year) **54**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Unmarried** 8. DATE OF BIRTH **1889** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Only kind of work done during most of working life, even if retired) **clerk** 10b. KIND OF BUSINESS OR INDUSTRY **clerk** 11. BIRTHPLACE (City and State or Foreign Country) **Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wesley** 13b. MOTHER'S MAIDEN NAME **Clayton** 14. NAME OF HUSBAND OR WIFE **Wesley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **no** 16. SOCIAL SECURITY NO. **Wesley** 17. INFORMANT'S SIGNATURE OR NAME **Wesley** ADDRESS **1300 Clark**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Lobar Pneumonia**
DUE TO (c) **Congestive heart failure**
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.
H. M. C.

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **490K**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Henry Deput Loren** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **2/7/54**

24a. BURLIUM, CREMATION, REMOVAL (Specify) _____ 24b. DATE **2-27-54** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **FEB 25 1954** REGISTRAR'S SIGNATURE **Richard Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Rowland-Aker Mortuary Service** ADDRESS **St. Manchester Ave.**

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank C. Merrick

Licensed Embalmer No. *4854*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.