

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3095**
Registrar's No. **430**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3095		Registrar's No. 430			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY St. Louis,							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Ladue,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital.				e. STREET ADDRESS (If rural, give location) #9782 Litzinger Road.							
3. NAME OF DECEASED (Type or Print)			a. (First) HENRY		b. (Middle) GARNEAU		c. (Last) WELD.		4. DATE OF DEATH (Month) (Day) (Year) Jan'y 13, 1956.		
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.		8. DATE OF BIRTH July 25, 1926.		9. AGE (In years last birthday) 29.		# UNDER 1 YEAR Months _____	# UNDER 6 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.. Withington				10b. KIND OF BUSINESS OR INDUSTRY Typewriter Co.,		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Garneau Weld.				13b. MOTHER'S MAIDEN NAME Etta Randolph.			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) Yes.. W.W.2. Korean.				16. SOCIAL SECURITY NO. 499-32-5878.		17. INFORMANT'S SIGNATURE OR NAME J. Garneau Weld Jr, ADDRESS 9782 Litzinger Rd.,					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 3 weeks 6 months		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 600.0							20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from July 1953 to Jan 13, 1956 , that I last saw the deceased alive on Jan 13, 1956 , and that death occurred at 1:30 m., from the causes and on the date stated above.											
23a. SIGNATURE Conrad T. Rouse (Degree or title) _____				23b. ADDRESS 110 S. Central - Clay				23c. DATE SIGNED 1/13/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 1/14/56.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery..		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.					
DATE REC'D BY LOCAL REG. JAN 13 1956		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, ADDRESS #7233 Delmar Blv'd.,						

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

Dr Ernest Rouse.
#3720 Washington Ave.,
JE: 3-4511.
Hours.. 2n- 5.

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 *Clarence H. Murr*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.