

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 17443

**FILED JUN 12 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 153

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Saint Charles</u>		a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>DOA</u>		d. In Residence within limits of a city or town (Specify town) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Saint Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2303 Sullivan</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Sharon</u>	b. (Middle) <u>Rae</u>	c. (Last) <u>Welsch</u>	(Month) <u>June</u>	(Day) <u>3</u>	(Year) <u>1956</u>

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>April 25, 1947</u>	<b>9. AGE</b> (In years last birthday) <u>9</u>	<b>IF UNDER 1 YEAR</b> Months <u>1</u> Days <u>8</u>	<b>IF UNDER 6 WKS.</b> Weeks <u>0</u> Mins. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>student</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>grade school</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Saint Louis, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>George Welsch</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ethel Tanner</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George Welsch, Saint Louis, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Accidental Drowning</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<b>DUE TO (b)</b> _____	
		<b>DUE TO (c)</b> _____	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>092 42</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, school, office, etc.) <u>Suntan Beach</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Suntan Beach St. Charles Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>June 3 - 1954</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Drowning at Summer Beach</u>
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22. I hereby certify that I attended the deceased from 6/4/56, to 6/4/56, 1956, that I last saw the deceased alive on 6/4/56, 1956, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Morris Marshall Cooper</u>	<b>23b. ADDRESS</b> <u>Wentzville Mo June 4 1954</u>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>June 6, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Puxico Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Puxico, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>May 5 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Samuel Harold Taylor</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James H. Morgan</u>	<b>ADDRESS</b> <u>Puxico Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 R. Amalson*

Licensed Embalmer No. 48

P. O. Address *St. Charles*

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.