Health, & Welfare Public Service

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FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI 13124-58

STANDARD CERTIFICATE OF DEATH

58-007950

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1956

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Saint Louis Maternity — Length of stay in lb 30
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2013 R South Grand — Reside on Farm Yes ☐ No ☐
1790

3. NAME OF DECEASED (Type or print) First Middle Last Welch
4. DATE OF DEATH Month Day Year February 11 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH February 11 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 9 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) St Louis Missouri
12. CITIZEN OF WHAT COUNTRY? --
13a. FATHER'S NAME James Everett Welch
13b. MOTHER'S MAIDEN NAME Clair Lucille Farris
14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT Clair Lucille Welch Address Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) 762.5
INTERVAL BETWEEN ONSET AND DEATH 9 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from February 11 1958, to February 11 1958 and last saw her/him alive on February 11 1958
Death occurred at 9:25 P M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. T. Esslinger MD
22b. ADDRESS 457 No. Kingshighway
22c. DATE SIGNED 2-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 2-28-58
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Rowland-Aker ADDRESS 4104 Manchester
25. DATE RECD. BY LOCAL REG. FEB 19 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith MD MXB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.