Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007880
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 366

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN ~~St. Louis~~ CLAYTON (If outside Corporate Limits, give TOWNSHIP only) Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hosp. DOA. Length of stay in 1b 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Franklin
c. CITY OR TOWN Royalton 8120 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 310 S. Manering St. (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GLEN Middle C. Last WELCH
4. DATE OF DEATH Month Feb. Day 4 Year 1959
5. SEX Male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Sept. 17, 1879
9. AGE (In years at last birthday) 79 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) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Miner
11. BIRTHPLACE (City and state or country) Tamaroa, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James H. Welch
13b. MOTHER'S MAIDEN NAME Pricella Dobbins
14. NAME OF HUSBAND OR WIFE Unknown
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. 343-03-9474
17. INFORMANT Mrs. Ora Kuhnke Address 8422 Midland Venita Park, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7954
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 8:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy M.D. 5
John C. Murphy MD Acting Health Commissioner
22b. ADDRESS 801 S. Brentwood Clayton
22c. DATE SIGNED 2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb. 6, 1959
23c. NAME OF CEMETERY OR CREMATORY Tamaroa
23d. LOCATION (City, town, or county) (State) Perry County, Ill.

24. FUNERAL DIRECTOR John J. Keely ADDRESS 1101 N. 9th St. East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG. 2-6-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not E Embalmed, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Kasebup

Licensed Embalmer No. 7541

P. O. Address E. St. Louis Ill

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.