

FILED DEC 28 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2835

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6811a Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 6811a Washington 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Tarance Welborn

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Winifred Cobb Welborn 6. (c) Age of husband or wife if alive 5.5 years  
7. Birth date of deceased March 24 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 16 hr. min.

9. Birthplace Bloomfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Singleton Welborn  
13. Birthplace Bloomfield Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Lucy Reicher Welborn  
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Winifred G.H. Welborn

(b) Address 6811a Washington, St. Louis, Mo.

17. (a) burial (b) Date thereof 12-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Alexander J. ...

(b) Address 6175 Delmar Blvd - St. Louis

19. (a) 12-17-45 (b) E.M. Burson  
(Date entered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1945 hour 7 minute 00 a.m.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Dec 10, 1945  
(that I last saw him alive on Dec 9, 1945,  
and that death occurred on the date and hour stated above.)

Immediate cause of death Parkinson's disease Duration 8 years  
Due to \_\_\_\_\_  
Due to 87e

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature William S. Welborn (M. D. or other) M.D.  
Address St. Paul Hospital Date signed 12/10/45

MAY 8 1946

DEC 29 1945

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Jos. E. McCulloch*

Licensed Embalmer No. 2960

P. O. Address 6135 Pelmar

**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 this body is not embalmed, fact should be so stated above.**