

No. 2
-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10112

FILED APR 6 1946

State File No. _____
Registrar's No. 88

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leaning Hospital (1)
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2507 Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marilyn Gene Welch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February, day 20, year 1946, hour _____ minute 4⁰⁰ A.M.
21. I hereby certify that I attended the deceased from 2-6, 1946, to 2-20, 1946, that I last saw her alive on 2-20, 1946, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

Immediate cause of death Asphyxia (7th puncture) Duration 14 d
Due to Toxin (mother had severe penicillin experience) 18 d
Due to _____

7. Birth date of deceased February 6 1946
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
X X 14 hr. _____ min.

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.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Charles Welch
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Eula Riggs
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Charles Welch
(b) Address 2507 North Market St, St. Louis, Mo
17. (a) Burial (b) Date thereof 2/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director Just Donnell
(b) Address Hannibal, Mo
19. (a) 2-27-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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 kind of place) (e) Means of injury _____
23. Signature Harold Judson (M. D. or other) M.D.
Address Hannibal, Mo Date signed 2-28-46

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

5034

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..... *J. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal, Mo.*

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.