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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19784

State File No.

FILED JUN 14 1947

Registrar's No. 1138

Registration District No. 3177

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution May 15, 1947  
In this community 11 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. James, Mo. (b) County Phelps  
(c) City or town St. James  
(If outside city or town limits, write "RURAL")  
(d) Street No. ---  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME WELCH, James C.

3. (b) If veteran, name war WWI-2 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Nonie L. Welch 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased February 24, 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 3 11 hr. min.

9. Birthplace Salem, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name WELCH; James C.  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name CASTEEL, Lucy  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (c) Informant Registrar, Veterans Adm. Hosp.  
(b) Address Jefferson Barracks, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd  
19. (a) 6-7-47 (Date received local registrar) (b) Carla Hoppe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1947 hour 8:13 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1947, to June 4, 1947, that I last saw h. Im alive on June 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with mitral stenosis and insufficiency and myocardial damage (Contributory--  
Due to Cardiac cirrhosis with ascites and uremia

Due to 932  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operations  
Of autopsy No Autopsy (See cause of death)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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) (c) Means of injury ---  
Signature L. E. Stever (M. D. certifier)  
Address Veterans Adm., Hosp. Date signed 6/5/47  
Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1948

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 Elmer R. Caldwell

Licensed Embalmer No. 4077

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