

FILED JUN 21 1948

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

21457

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 5367

1. PLACE OF DEATH:

(a) County.....St. Louis
 (b) City or town.....St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
 (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)

3. (a) PRINT FULL NAME James Calvin Welch3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife Lucy Welch 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased October 9 1867
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 8 2 hr. min.9. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Cliff Welch
(b) Address St. James, Mo.
17. (a) Burial (b) Date thereof 6-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salem, Mo.18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.19. (a) JUN 13 1948 (b) J. F. Biedel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
 (c) City or town Salem 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) 1
 (e) Citizen of foreign country?..... (Yes or No) 1
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11
year 1948 hour 8 minute 15 A.M.21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw him alive on JUNE 11 - 8 AM, 1948
and that death occurred on the date and hour stated above.Immediate cause of death CORONARY OCCLUSION
ART. SCLEROTIC HEART DISEASE
2 ACUTE MYOCARD. FAILURE Duration
Due to.....Due to.....
Other conditions FRATURE RT. HIP
(Include diagnosis within 3 months of death) 18
JUNE 5 1948Major findings: FRATURE, INTRACAPSULAR
Of operations RT. HIP. PHYSICIAN
Of autopsy..... 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) Accident 000
(b) Date of occurrence June 5 1948
(c) Where did injury occur? At Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See aboveWhile at work? No (Specify type of place) (c) Means of injury Fall
23. Signature J. Schwartzman (M. D. or other) MD
Address 204 Hammond Blvd. Date signed 6/1/48

5367

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 *Elmo R. Gashwell*.....

Licensed Embalmer No. *4077*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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