

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22006
Registrar's No. 1256

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>St. Louis, Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5719 Dewey Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John C.</u> b. (Middle) <u>Welsh</u> c. (Last) <u>John C. Welsh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 6, 1881</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>5</u>	11. DAYS <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illionis</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Welsh</u>	
13b. MOTHER'S MAIDEN NAME <u>Emily Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Welsh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Welsh</u>		ADDRESS <u>5719 Dewey</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary thrombosis 1947</u> DUE TO (c) <u>Chr Myocarditis</u> 7 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None 93d</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>May 19, 1942</u> to <u>June 5, 1949</u> , that I last saw the deceased alive on <u>June 5, 1949</u> and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Max Stuebloff, M.D.</u> (Degree or title)		23b. ADDRESS <u>5712 Dewey Ave.</u>	
23c. DATE SIGNED <u>6/6/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>6-8-49</u>		REGISTRAR'S SIGNATURE <u>Shirley Lunge</u>	

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

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Dr. Starbuck
512 Dover Pl.

to 3 P.M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed David Van Fossen

Signed _____
Student Embalmer

Licensed Embalmer No. 4282

P. O. Address 6322 So Grand

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.