

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43140**
Registrar's No. **04798**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) Box 319 Route #12	
3. NAME OF DECEASED a. (First) JOHN		b. (Middle) S.	
c. (Last) WELCH		4. DATE OF DEATH (Month) (Day) (Year) December 27, 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June 21, 1922
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Days 6 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John S. Welch	
13b. MOTHER'S MAIDEN NAME Iva Johnston		14. NAME OF HUSBAND OR WIFE Jacqueline Welch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Jacqueline Welch, Kirkwood, Mo.		ADDRESS	
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) self-inflicted gunshot wound of head ANTECEDENT CAUSES head DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 976X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Club house		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fenton St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 27 49 A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? see above		976	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arnold J. Willmann		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 12/28/49		23d. DEGREE OR TITLE Coroner.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/29/49	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
DATE REC'D BY LOCAL REG. 12-28-49		REGISTRAR'S SIGNATURE Herbert P. Dowdy, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.,		ADDRESS Kirkwood, Mo.	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Felix Howard

Licensed Embalmer No. 3034

P. O. Address Wintwood 227

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.