

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

21571

State File No. ....

300  
48

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

BIRTH NO. _____		REG. DIST. NO. <u>0317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2165</u>			
1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>			c. LENGTH OF STAY (In this place) <b>4 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>			<b>2049</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS COUNTY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>6241 CLAYTON AVENUE</b>				<b>1</b>	
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARGUERITE</b>		b. (Middle) <b>HELEN</b>		c. (Last) <b>WELSH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 12 1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCTOBER 2 1921</b>		9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES LADY</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>WELEKS FABRICS</b>		11. BIRTHPLACE (State or foreign country) <b>KANSAS City - Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>PAUL DAMOS</b>			13b. MOTHER'S MAIDEN NAME <b>EMMA BRUMBACH</b>			14. NAME OF HUSBAND OR WIFE <b>ROBERT L. WELSH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY <b>489-18-9797</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ROBERT L WELSH 6241 CLAYTON AVENUE</b>					
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.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 mo?</b>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poisoning due to Aminopyrene</b>					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>E 9708</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>olive St. &amp; Purdue</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>University City St. Louis Missouri</b>					
21d. TIME OF INJURY <b>May 12 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>As a result of self ingested unknown poison</b>					
22. I hereby certify that I attended the deceased from <b>5-10-</b> , 1951, to <b>5-12-</b> , 1951, that I last saw the deceased alive on <b>5-12-</b> , 1951, and that death occurred at <b>5 A.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>James W. Hurley</b>				23b. ADDRESS <b>6013 Brentwood Clayton 5 Mo.</b>		23c. DATE SIGNED <b>5-12-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 14, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-14-51</b>		REGISTRAR'S SIGNATURE <b>Robert Polombi MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. LUPTON &amp; SONS 7233 DELMAR BLVD.</b>					

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.