

36027

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 8 1951

S. No. 300
v. 10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3579

45-22
4

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	c. LENGTH OF STAY (In this place) <u>13 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>86 TOWN Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>10004 Meadow Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettie</u> b. (Middle) _____ c. (Last) <u>Welch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>
---	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 13, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
--	---	--	--

13a. FATHER'S NAME <u>? Martin</u>	13b. MOTHER'S MAIDEN NAME <u>? Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Welch</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Mackley</u>	ADDRESS <u>10004 Meadow Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic heart & Kidney Disease</u>		
	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. <u>Chr. Arteriosclerosis with</u>		<u>5 Yrs.</u>

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arthritis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>442X</u>	(STATE) <u>Missouri</u>
---	---	--	----------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	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 Oct. 10, 1951 to Nov. 1, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Masters M.D.</u>	23b. ADDRESS <u>3608 So. Grand</u>	23c. DATE SIGNED <u>11/2/51</u>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Nov. 3, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diehlstat, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-2-51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>	ADDRESS <u>7420 Michigan Ave.</u>
--	---	---	--------------------------------------

(Licensed Embalmer's Signature on Reverse Side)

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

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 *Oliver E. Lender*

Licensed Embalmer No. *4148*

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.