

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. **26468**

WED JUL 31 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6961			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN E. St. Louis		d. STREET ADDRESS (If rural, give location) 797 Piggott			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 797 Piggott					
3. NAME OF DECEASED (Type or Print) Frances Welch			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 7-14-52			4. DATE OF DEATH (Month) (Day) (Year)		7-14-52				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 14, 1886		9. AGE (in years) (Month) (Days) (Hours) (Min.) 66 - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Mattoon, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Summers			13b. MOTHER'S MAIDEN NAME Jane			14. NAME OF HUSBAND OR WIFE Cleveland Welch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME 797 Piggott			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.					INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			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) _____			
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? 331X			
22. I hereby certify that I attended the deceased from July 13, 1952 to July 14, 1952 , that I last saw the deceased alive on July 14, 1952 and that death occurred at _____, m., from the causes and on the date stated above.									
23a. SIGNATURE J. Earle Smith M.D. (Degree or title)					23b. ADDRESS _____		23c. DATE SIGNED 7-18-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-19-52		24c. NAME OF CEMETERY OR CREMATOR Mount		24d. LOCATION (City, town, or county) (State) Mount, Illinois			
DATE REC'D BY LOCAL REG. JUL 19 1952			REGISTRAR'S SIGNATURE J. Earle Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3817 Page	

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 P. J. Nash

Licensed Embalmer, No. 2432

P. O. Address 3847 Pagli

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.