

10-48 FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36988
Registrar's No. 9553

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis Mo
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5125 Page Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2067
d. STREET ADDRESS (If rural, give location) 5125 Page Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) Bruce
b. (Middle)
c. (Last) Welford
4. DATE OF DEATH (Month) (Day) (Year) October 13, 1952

5. SEX Male
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 2, 1897
9. AGE (In years last birthday) 54
UNDER 1 YEAR Months
UNDER 1 YEAR Days
UNDER 1 YEAR Hours
UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Porter
11. BIRTHPLACE (State or foreign country) Oaklonia Mississippi
12. CITIZEN OF WHAT COUNTRY? Yes

13a. FATHER'S NAME Robert Welford
13b. MOTHER'S MAIDEN NAME Violet Wheeler
14. NAME OF HUSBAND OR WIFE Mrs Hattie Welford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 497-20-2345
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hattie Welford 5125 Page Blvd

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pericarditis with Effusion
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) with Effusion
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
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 4343

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 12:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/17/52
24c. NAME OF CEMETERY OR CREMATORY Oaklonia Mississippi
24d. LOCATION (City, town, or county) (State) Mississippi Miss

DATE REC'D BY LOCAL REG. OCT 16 1952
REGISTRAR'S SIGNATURE J. C. Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/w Labadie Ave

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Lawrence E. Woodson

Signed.....
Student Embalmer

Licensed Embalmer No. *4341*

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.