

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36990

NOV 13 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. \_\_\_\_\_ Registrar's No. **9923**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>2059</b> OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>74yrs</b>		d. STREET ADDRESS (If rural, give location) <b>5 5944 DeGiverville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res. 5944 DeGiverville</b>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Frank</b>		(Month) (Day) (Year) <b>Oct. 28, 1952</b>	
b. (Middle) <b>Clare</b>			
c. (Last) <b>Welsh</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 31, 1874</b>
9. AGE (In years last birthday) <b>77yrs.</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous &amp; Barr</b>	11. BIRTHPLACE (State or foreign country) <b>Neodashay, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Wm. Perry Welsh</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Mitchell</b>	
14. NAME OF HUSBAND OR WIFE <b>Leona 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 NO. <b>488-01-5038</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Leona Welsh</b>		ADDRESS <b>5944 DeGiverville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Aortic Regurgitation (Not Specific)</b> <b>10 yrs ±</b>	
		DUE TO (c) <b>Rheumatic Valve Disease</b> <b>10 yrs ±</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Arteriosclerosis</b> <b>10 yrs ±</b> <b>Hypertroph Prostate</b> <b>2 years</b>	
19a. DATE OF OPERATION <b>1950-1951</b>		19b. MAJOR FINDINGS OF OPERATION <b>Transurethral resections for hypertrophied prostate.</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>411X</b>			
22. I hereby certify that I attended the deceased from <b>1935</b> , to <b>Oct. 28, 1952</b> , that I last saw the deceased alive on <b>Oct. 27, 1952</b> and that death occurred at <b>2:30 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. H. Dew. Clark</b>		23b. ADDRESS <b>864 Hamilton Blvd St. Louis 12, Mo.</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 30, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 28 1952</b>		REGISTRAR'S SIGNATURE <b>J. H. Dew. Clark</b>	
53. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons</b>		ADDRESS <b>6175 Delmas</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 jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.