

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25418

State File No. _____
Registrar's No. **6166**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7046 Glades</u>			e. STREET ADDRESS (If rural, give location) <u>7046 Glades</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>H.</u> c. (Last) <u>Welch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4th, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22nd 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>???? Mallory</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Wright</u>		14. NAME OF HUSBAND OR WIFE <u>George Welch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Welch</u>		ADDRESS <u>Above</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous Adenoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of hepatic colon</u> 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 <u>6 mo</u> <u>15 mo</u>
19a. DATE OF OPERATION <u>3-24-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma rt colon</u>				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) _____		21f. HOW DID INJURY OCCUR? <u>153X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>3-24-53</u> , 19____, to <u>7-4-54</u> , 19____, that I last saw the deceased alive on <u>7-3-54</u> , 19____, and that death occurred at <u>8:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. H. Shover M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>7-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 8 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u>		

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

m9B

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Rex E Campbell*.....

Licensed Embalmer No. *3881*

P. O. Address *H. Lane*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**