

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32321

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8362

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
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) ST. LOUIS CITY HOSPITAL

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY _____
c. CITY OR TOWN ST. LOUIS
d. Is residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 3726 Cozart 21190

3. NAME OF DECEASED
(Type or Print)
a. (First) LIZZIE
b. (Middle) _____
c. (Last) WELFREY

4. DATE OF DEATH (Month) (Day) (Year)
SEPTEMBER 10, 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL 17, 1883

9. AGE (in years last birthday) 71
UNDER 1 YEAR Months _____ Days _____
OVER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Clinton Clark

13b. MOTHER'S MAIDEN NAME Ellen

14. NAME OF HUSBAND OR WIFE MICHAEL WELFREY

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. NONE

17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Rater. ADDRESS HOSPITAL RECORD, 2224 Normandy Dr.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hepatic carcinoma
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.
Diabetes mellitus, fracture left humerus
INTERVAL BETWEEN ONSET AND DEATH
9/11/54

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 5811F

22. I hereby certify that I attended the deceased from 9-7-54, 1954, to 9-10-54, 1954, that I last saw the deceased alive on 9-10-54, 1954, and that death occurred at 7:35A m., from the causes and on the date stated above.

23a. SIGNATURE C. B. Taylor (Degree or title) MD

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 9-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sep. 13, 1954.

24c. NAME OF CEMETERY OR CREMATORY Calvary.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. SEP 13 1954

REGISTRAR'S SIGNATURE J. J. Quinn

5. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn Und. Co.

ADDRESS 1389 Union Bl

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.....
Signature of Student Embalmer

Signed.....
Frank O. Herrick

Licensed Embalmer No. 485

P. O. Address.....
St. Louis

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.