

Health,
Welfare
Public
Service

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1-56

Secretary, coroner, etc., must use only standard Remington-Rand Form No. 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007951
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1656

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. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY Rt. 1 OR TOWN <u>Bonne Terre, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
04 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes</u>		Length of stay in lb <u>16 days</u>	3/ d. STREET ADDRESS <u>3/</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Elnora May Welch</u>			4. DATE OF DEATH Month Day Year <u>January 20, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10, 1888</u>	9. AGE (In years last birthday) <u>69yrs</u> IF UNDER 1 YEAR Months Days Hours Min. <u>11 10</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	11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>George Bannister</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Reeves</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>Tom Welch, Elvans, Missouri</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1st, 2nd & 3rd degree Burns of 25% of the body,</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS <u>She suffered from a chronic disease of the heart which was not brought to the attention of the physician. Her clothing became ignited.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>E 9 16. 0 16</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) <u>While standing in the road stove in her home in Bonne Terre, Mo., on the morning of January 5, 1958.</u>			
20c. TIME OF INJURY Hour a. m. <u>?</u> Month, Day, Year <u>1 5 58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>31 Avenue</u>	
		20f. CITY, TOWN, OR LOCATION <u>Bonne Terre Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>840 P.</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James M Kelly</u> (Deaf or blind) Capacity <u>3</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>2/13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1/25/58</u>		23b. DATE <u>Burial</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn, Flat River, Mo.</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Sperks Funeral Home</u>		ADDRESS <u>Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 13 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1958
MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest Sparks*.....

Licensed Embalmer No. *428*

P. O. Address *Bonnie Lea*
Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.