

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020381

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1342

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes # 3 No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge Hills		Inside Limits Yes # <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St. Louis Co. Hosp.			Length of stay in lb D.O.A.	d. STREET ADDRESS (If outside, give location) 9440 Breckenridge	
3. NAME OF DECEASED (Type or print) First Christine Middle Lang Last WELSKI			4. DATE OF DEATH Month May Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1946		9. AGE (In years last birthday) 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Long Island, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Lang (Stepfather)			14. MOTHER'S MAIDEN NAME Sylvia Keda		
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 Thomas Lang Address 9440 Breckenridge		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns and carbon monoxide poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) E 916.0					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 16					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) Burned in fire in home			
20c. TIME OF INJURY Hour 5:30 a. m. PM Month, Day, Year 5/18/58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home		20f. CITY, TOWN, OR LOCATION 400 COUNTY St. Louis STATE Mo.	
21. I attended the deceased from _____, 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 (Degree or title) Raymond J. Davis 3 Coroner			22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 5/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 5-19-58	26. REGISTRAR'S SIGNATURE Walter R. Donker M.D.	

health, Welfare public service
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Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

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..... *Sheldon Collins*

Licensed Embalmer No. *3*

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

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.