

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034814
STATE FILE NUMBER
8983

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8983

300
1-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis 13, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St Ann's Home.</i>	
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION <i>Dr Paul Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>2069 5301 Page Blvd. St. Louis, Mo.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Sister Josephine Welty</i>		4. DATE OF DEATH Month Day Year <i>9 - 16 - 58</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5 - 3 - 1880</i>
9. AGE (In years last birthday) <i>78</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Religious</i>	11. BIRTHPLACE (City and state or country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Dr George Welty</i>	
14. NAME OF HUSBAND OR WIFE <i>none</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>5001 Page Union</i> <i>Sister Rose Mary - St Ann's Home - St Louis Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure (cardiob. Med. failure)</i> DUE TO (b) <i>Fracture of right hip. Eq 02:7 45</i> DUE TO (c) <i>1 week</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of right hip</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 mo.</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <i>Fell out of bed. Joseph M. Deputy Comm</i>			20c. TIME OF INJURY <i>4 p.m. Sept. 7 1958</i>
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.) <i>6701 Paul Street</i>	
20f. CITY, TOWN OR LOCATION <i>St. Louis, Mo.</i>		20g. COUNTY <i>St. Louis</i>	
20h. STATE <i>Mo.</i>		21. I attended the deceased from <i>Nov. 1, 1951</i> to <i>Sept. 16, 1958</i> and last saw her/him alive on <i>Sept. 15, 1958</i> Death occurred at <i>9:30 a.m.</i> of the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. B. Gavan M.D.</i>		22b. ADDRESS <i>539 N. Grand St. St. Louis</i>	
22c. DATE SIGNED <i>9/16/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>9-18-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Marillac Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>		24. FUNERAL DIRECTOR ADDRESS <i>Cullen-Jelly 7267 Natural Bridge</i>	
25. DATE RECD. BY LOCAL REG. <i>SEP 17 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *James A. Lammero*

Licensed Embalmer No. *4142*
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.