THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004055
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - -
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis 2059 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mother of Good Counsel Home — Length of stay in 1b 2 Yrs.	d. STREET ADDRESS (If outside, give location) 5561 Enright — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Cora	Middle: E.	Last: Welsh	4. DATE OF DEATH	Month 1 Day 24 Year 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: 10/3/1872	9. AGE (In years last birthday): 86	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (City and state or country): St. Louis	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Mathew Smith	14. MOTHER'S MAIDEN NAME: Margaret Purcell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Charles Welsh	Address: 15th & Locust St.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoplasia of bone marrow, severe anemia — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) old age.

DUE TO (c) 293X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct '42, to Jan 24 '59 and last saw her ~~him~~ alive on Jan 23, 1959. Death occurred at 3 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne O Gorla MD	22b. ADDRESS: 100 No Euclid	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 1/27/1959	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis Mo.
24. FUNERAL DIRECTOR: Arthur J Donnelly	ADDRESS: 5840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: 1-26-59	26. REGISTRAR'S SIGNATURE: John C Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..4

P. O. Address 3840 Lem

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.