SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-046992
STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12082

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

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 St. Louis — Length of stay in 1b: 13 days

c. CITY OR TOWN University City — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6948 Corbitt — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle JOSEPH Last WELDON

4. DATE OF DEATH: Month December Day 22 Year 1961

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/7/1889

9. AGE (last birthday): 72 years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Red Cross

11. BIRTHPLACE (City and state or country): Jersey City, N. J.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Not Known

13b. MOTHER'S MAIDEN NAME: Not Known

14. NAME OF HUSBAND OR WIFE: Cora Weldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I

17. INFORMANT: Cora Weldon — Address: 6948 Corbitt

INSTEAD OF

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) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Post op - Wound dehiscence — 2 days

DUE TO (c) Adenocarcinoma of descending colon — 5-6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
C.V.R. disease - Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
153.2

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 1958 to 1961 and last saw ~~her~~ him alive on Dec 22 1961

Death occurred at 1:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Longhlin M.D.

22b. ADDRESS 508 N Broadway

22c. DATE SIGNED 12/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: Dec 26, 1961

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS: BUCHHOLZ MORTUARY-5967 W. Florissant

25. DATE RECD. BY LOCAL REG.: DEC 28 1961

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Ralph E. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis Mo

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.