

FILED SEP 25 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

CERTIFICATE OF DEATH

124 69 0039356
1003 8625Registration District No. 318 Primary Registration District No. _____ Registrar's No. _____

| | | | |
|--|--|--|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. CHARLES THOMAS WELBORN | | 2. Male | 3. September 11, 1969 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. |
| 4. White | 5a. 29 | 5b. | 5c. |
| DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH | |
| 6. Feb. 19, 1890 | | 7a. | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| 7b. St. Louis | | 7d. St. Anthony's Hospital | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. Missouri | 9. U.S.A. | 10. Married | 11. Gladys Cunningham |
| SOCIAL SECURITY NUMBER | | KIND OF BUSINESS OR INDUSTRY | |
| 12. 498-03-4693 | | 13b. Rausch Meat Market | |
| USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | |
| 13a. Meat Cutter | | 13b. Rausch Meat Market | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER |
| 14a. Missouri | 14b. St. Louis | 14c. | 14e. 3025 Osage Avenue |
| INSIDE CITY LIMITS (SPECIFY YES OR NO) | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | |
| 14d. Yes | | 14e. Yes | |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. Phillip Welborn | | 16. Martha Hartzell | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17a. Mrs. Gladys Welborn | | 17b. 3025 Osage Avenue, St. Louis, Missouri 63118 | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | | |
| (a) Carcinoma of Stomach | | | 3 |
| DUE TO, OR AS A CONSEQUENCE OF | | | |
| (b) | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | |
| (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | AUTOPSY (YES OR NO) |
| | | | 19a. NO |
| | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| | | | 19b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| 20a. | 20b. | 20c. | 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION | (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |
| 20a. | 20f. | 20g. | |
| CERTIFICATION—PHYSICIAN: | MONTH DAY YEAR | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON |
| 21a. I ATTENDED THE DECEASED FROM | May 5 69 | TO Sept 11 69 | 21c. Sept 10 69 |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | THE DECEASED WAS PRONOUNCED DEAD |
| 22a. | | 22b. | 22c. |
| CERTIFIER—NAME (TYPE OR PRINT) | SIGNATURE | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) |
| 23a. Dr. Harry Moore | 23b. Harry S. Moore | 23c. | 23d. 9-12-69 |
| MAILING ADDRESS—CERTIFIER | | CITY OR TOWN | STATE |
| 23a. 917 S. 18th Street | | 23c. St. Louis, | 23d. Missouri |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | LOCATION |
| 24a. Removal | | 24b. Three Rivers Cem. | 24c. Farmington, Missouri |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 24d. Sept. 15, 1969 | | 24e. Kriegshauser, 4228 S. Kingshighway, St. Louis, Mo. 63109 | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR'S SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| 25a. Richard C. Kriegshauser | 25b. Melvin J. Jones, Jr. | 26b. SEP 12 1969 | |

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

9. 0
10a. 79
10b.
11. 0
12. 1
13. 173.3
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 R. W. Storrans

Licensed Embalmer No. 4007

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.