N 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19330

1. PLACE OF DEATH

County St Louis Registration District No. 790 File No.

Township Central Primary Registration District No. 6033 Registered No.

City Clayton (No. 22 S. Central Ave. St. Ward)

2. FULL NAME Sophie C. Welti.

(a) Residence. No. 22 So. Central Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Welti.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 29-1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	26.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer) at Home.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

PARENTS

10. NAME OF FATHER Joseph Cartier.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France.

12. MAIDEN NAME OF MOTHER Clotilda Fournier.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT Otto Welti.
(Address) 22 S. Central Ave.

15. FILED May 27 1929 Katharine W. Sullivan REGISTRAR
Katharine W. Sullivan

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1929

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1929, to May 23, 1929, that I last saw h. alive on Thursday 5-23, 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia - right
108
93e
10 Ad (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Claude W. Cridwell, M. D.
, 19 (Address) 603 Century Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MO. Crematory. DATE OF BURIAL May 27 1929.

20. UNDERTAKER Peltz Bros ADDRESS 3029 Lafayette Ave