

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

Do not use this space.

38038

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City, **St. Louis** (No. **St. John Hospital**)

File No.
Registered No. **9667**
St. Ward)

2. FULL NAME

(a) Residence, No. **5637 Devonshire** St., **14** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 20, 1880**
7. AGE YEARS **47** MONTHS **6** DAYS **19** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Insulation butter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Molony Elec. Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **Reuel Welch**

14. BIRTHPLACE (CITY OR TOWN) **Maine** (STATE OR COUNTRY)

15. MAIDEN NAME **Martha Rice**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Grace Welch** (ADDRESS) **5637 Devonshire**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellevue** DATE **Nov 11, 1933**

19. UNDERTAKER **Thor Curtis** (ADDRESS) **2906 Gray's Ave.**

20. FILED **1933** REGISTRAR **J. H. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 9th, 1933**
22. I HEREBY CERTIFY, That I attended deceased from **Nov 3, 1933** to **Nov 9, 1933**
I last saw him alive on **Nov 9, 1933** Death is said to have occurred on the date stated above, at **5A** m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Lobar Pneumonia
Chronic Interstitial Nephritis 1926
Other contributory causes of importance **100**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Adam G. Youngman** (Signed) M. D.
(Address) **5439 Grand**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1934

