

REC'D MAD 14 1938

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

5125
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **St. Anthony's Hosp.** Registered No. **1770**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Theresa Welby** **410**

(a) Residence, No. **3758 Osceola St.** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 18, 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert Welby.**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 6, 1937** to **Feb 18, 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29, 1898.**

I last saw her alive on **Feb 17, 1938** Death is said to have occurred on the date stated above, at **3:30 p.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 7 20

The principal cause of death and related causes of importance were as follows:

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

Ch. Myocarditis -
Bronchial Pneumonia
Date of onset **1.9.38**
2/5/38

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

Other contributory causes of importance: **Cardio-nephritis** ?

FATHER 13. NAME **James Touhill.**

Name of operation **none** Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

MOTHER 15. MAIDEN NAME **Elizabeth Brunte.**

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Robert Welby**
3758 Osceola St.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 21, 1938**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....

19. FUNERAL DIRECTOR (ADDRESS) **Bergesch Undertaking Co.**
3661 Washington Bl.

(Signed) **J. H. Brudeck** M. D.
(Address) **5417 So Grand Blvd.**

20. FILED **FEB 19 1938** **J. H. Brudeck**
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harry D Bergesch, Licensed Embalmer No. 2606
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Harry D Bergesch
Licensed Embalmer No. 2606

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)