REC'D JUN 12 1939

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

16962
Do not use this space.

**1. PLACE OF DEATH**

(a) County 2 Registration District No.

(b) Township or City St Louis 1 Primary Registration District No. Registered No. 4496

(c) Street No. 1334 Aubert Ave St.
(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** 420 Amanda Welsh

(a) Residence, No. 1334 Aubert Ave St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Of John M Welsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16th 1867

7. AGE: YEARS 71 | MONTHS 10 | DAYS 28 | If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois 1

FATHER
13. NAME John Krisner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 7

MOTHER
15. MAIDEN NAME Christine Schulz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) John M Welsh 1334 Aubert Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 17th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroot - Carroll 4600 Natural Bridge Ave

20. FILED MAY 16 1939 J. F. Budrick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11 - 1939, to May 14 - 1939
I last saw her alive on May 13 1939. Death is said to have occurred on the date stated above, at 6.30p.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris or Coronary Occlusion — Date of onset: About 9 years ago -

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) Paul Vinyard, M. D.
(Address) 3718 a Olive Street -

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2260

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**