

Registration District No. \_\_\_\_\_

**FILED JUL 21 1941 791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5346**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Helen Welcher

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12 1926.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
14 11 15 hr. min.

9. Birthplace St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl.

11. Industry or business \_\_\_\_\_

12. Name Clarence Welcher. 0

13. Birthplace Missouri. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Yarbrough. 0

15. Birthplace Missouri. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Calascibetta

(b) Address 1215 N. Market St.

17. (a) Burial. (b) Date thereof 6-30-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) JUN 29 1941 (b) J. J. Cradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 6712 Vermont Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27.  
year 1941 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from June  
20. 19 41 to June 27. 19 41.  
that I last saw her alive on June 27. 19 41.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lung Abscess (non-tubercular)  
cause unknown  
Due to Empyema thoracis  
secondary  
Due to Bronchiectasis  
no pneumonia noted  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None Of autopsy as above.  
PHYSICIAN 1100  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. J. Cradeck (M. D. or other) 0  
Address 1502 1/2 1st St. St. Louis Date signed 6-27-41.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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 this body is not embalmed, fact should be so stated above.**