

HL93
S. No. 2
M-9-4-41
v. 5-17-39
I X29404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9376
3158

State File No.

Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)

In this community **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4142 Delmar Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **James Edward Welch**

3. (b) If veteran, name war **0**

3. (c) Social Security No. **0**

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nancy Welch**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Apr. 18 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	11	19	hr. min.

9. Birthplace **Bonne Terre Mo. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business **For Self**

12. Name **Edward Welch**

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

14. Maiden name **Sally Lubkey**

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

16. (a) Informant **Nancy Welch**

(b) Address **4142 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **4-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **APR 8 1942** (b) **J. F. Bredack**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**, year **1942** hour **10:50** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 5, 1942** to **April 6, 1942** that I last saw him alive on **April 6, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension with heart disease**

Due to **Chor Myocarditis**

Other conditions **93a**
(Include pregnancy within 3 months of death)

Major findings: Of operations **93c**

Of autopsy **above 93c**

PHYSICIAN **0**

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) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

23. Signature **J. F. Bredack** (M. D. or other) **0**

Address **1515 Lafayette Avenue** Date signed **4/7/42**

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.....

Albert R. Thompson Jr.

Licensed Embalmer No.....

4239

P. O. Address.....

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.