

FILED NOV 23 1942

9555

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1895-A So. 14th Str. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 1895-A So. 14th Str. (If rural, give location) 239  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry J. Welch

(b) If veteran, name war no

(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Louise Welch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased abt Oct 6 1872  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th  
 year 1942 hour 1 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from Jan 10 - 41  
1941 to Nov 16 1942  
 that I last saw him alive on Nov. 16 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 2 yrs

8. AGE: Years Months Days If less than one day  
abt 70 1 10 hr. min.

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

10. Usual occupation Retired

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

MOTHER FATHER  
 12. Name Frank Welch  
 13. Birthplace Bohemia (City, town, or county) (State or foreign country) 8  
 14. Maiden name Barbara Cefek  
 15. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

16. (a) Informant Louise Welch  
 (b) Address 1895-A So. 14 Str.

17. (a) Burial (b) Date thereof 11/18/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Wm C Boydell

(b) Address 1926 Allen Ave

19. (a) NOV 16 1942 (b) JT Briedeck  
 (Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Arterio-Sclerosis & H.C.B. 5 yrs  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 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? \_\_\_\_\_

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ruth H. Juergel (M. D. or other) M.D.  
 Address 1845 S. 14th St. Date signed 11-16-42

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

**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 me,  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

**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.**