

FILED DEC 21 1942

1003

Registrar's No. 1022

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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. Anthony's  
(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")

(d) Street No. 7200 Arsenal  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Robert E. Welch

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month Dec. day 5  
year 1942 hour 10 minute 20 A. M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Welch

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

7. Birth date of deceased Nov. 19, 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 7-8  
1942 to Nov 5 1942

that I last saw him in alive on 11-5 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

63 0 16 hr. \_\_\_\_\_ min.

Immediate cause of death Total Embolus  
Ch. Myocarditis  
Ch. Endocarditis

Duration \_\_\_\_\_

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

10. Usual occupation Retired Policeman

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

Due to 12/4

Other conditions Bunch pneumonia 3 days  
(Include pregnancy within 3 months of death)

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

12. Name Unknown

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

14. Maiden name Mary O. Loughlin

15. Birthplace C. N. H.  
(City, town, or county) (State or foreign country)

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

Of autopsy Total Embolus from  
Ch. Myocarditis

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Perkins

(b) Address 7119 Arsenal

17. (a) Burial (b) Date thereof 12-9-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 8 (b) J. J. Bredon  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify time and place)

(c) Means of injury \_\_\_\_\_

23. Signature J. J. Bredon (M. D. or other) MD

Address 2115 S Grand Date signed 12/8/42

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

MOTHER FATHER

136  
23/43

FEB 23 1943

---

---

**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. *4029*

P. O. Address *Maplewood*

**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.**