

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

22324

State File No. ....

**FILED** JUL 3 1946  
318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 5668

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:  
Homer S. Phillips  
(If not in hospital or institution, write street number or location)

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

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 001

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

(d) Street No. 1905 Division St  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME NATHANIEL WELCH

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 2. Color or race NEGRO 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 Nov 15 1924  
(Month) (Day) (Year)

8. AGE: Years 21 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business.....

12. Name George Welch

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

14. Maiden name Josephine Parker

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

16. (a) Informant Josephine Welch

(b) Address 1905 Division St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter

18. (a) Signature of funeral director English and  
(b) Address 2931 Lucas

19. (a) J. F. Bredeck (Date received local permit) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1946 hour 4 minute 00 AM.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis with Effusion, gunshot wound of abdomen, inflicted with .45 caliber Rem. & Co. (Gul) in the hands of one George Vincent, around 11:25 P.M. at 1905 Division St. around 11:00 P.M. June 15, 1946

Other conditions 1946  
(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) Homicide  
(b) Date of occurrence June 19 1946  
(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work..... (Specify type of place)  
(e) Means of injury.....

23. Signature Dr. Fred W. ... (M. D. or other)  
Address ... Date signed 6/27/46

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

21133

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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 *Burleson English*.....

Licensed Embalmer No. *203*.....

P. O. Address *2931 Lucas 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.**