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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11680  
3543  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Mary's Infirmary  
(d) Length of stay: In hospital or institution 11 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair  
(c) City or town E. St. Louis  
(d) Street No. 1980 Rear Central  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME WILLIE WELCH  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 29  
year 1947 hour 2 minute A. M.

4. Sex Male 2, race Col.  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased: January 18, 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18 1947, to June 29 1947  
that I last saw him alive on June 29 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 2 Days 11  
If less than one day hr. min.

Immediate cause of death: Septicemia  
Lobar Pneumonia  
Uremia  
Due to Trauma to Perineal area + Perineum  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: 18/18  
Of operations: 18/18  
Of autopsy: 18/18

9. Birthplace: Villa Ridge Illinois /  
(City, town, or county) (State or foreign country)  
10. Usual occupation Carpenter  
11. Industry or business Self

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Oliver Welch  
13. Birthplace Villa Ridge Illinois /  
(City, town, or county) (State or foreign country)  
14. Maiden name Mayree Robinson  
15. Birthplace Villa Ridge Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Welch  
(b) Address 2247 1/2 St  
17. (a) Removal (b) Date thereof 4-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
E. St. Louis, Ill., Booker Wash. Cem.  
(c) Place: burial or cremation

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident car  
(b) Date of occurrence 3-7-47  
(c) Where and injury occur? 2-1/2 hours  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)  
While at work? NO (e) Means of injury Fall  
23. Signature C. F. Faberson (M. D. or other) M.D.  
Address 930 N 2nd St Date signed 4/16/47

18. (a) Signature of funeral director C. J. Nash  
(b) Address 3847 Page Blvd.  
19. (a) APR 3 1947 (b) J. J. Breeseck  
(Date received local registrar) (Registrar's signature)

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 *M. Francis Nash*  
Licensed Embalmer No. *4434*  
P. O. Address *3847 Page*

**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.**