No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15782

FILED MAY 1 1948
Registration District No. 1348

Primary Registration District No. 1003

Registrar's No. 4211

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: 3627a Connecticut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800 2 616

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

(d) Street No. 3627a Connecticut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James W. Welsh

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-0644

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August (Month) 21st (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	2	hr. min.

9. Birthplace Monroe County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired Sup.-Public Service

11. Industry or business

FATHER
12. Name Nicholas Welsh
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marthe A. Dunn
15. Birthplace Monroe Co., (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mary Welsh
(b) Address 3627a Connecticut, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker-Hilderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) APR 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1947 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from May 11, 1944 to April 29, 1947 that I last saw him alive on April 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac disease	2 years
Arteriosclerotic	?
Due to Rheumatism several years ago - Arteriosclerotic	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence —

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? — (e) Means of injury 0

23. Signature W. H. Clithero (M. D. or other)

Address 906 Carleton Bldg Date signed 4-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) W.H.Clithero

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.....Frank J Wyland.....

Licensed Embalmer No.....2645.....

P. O. Address.....St Louis Mo.....

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.