WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31843

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9202

Township ..... Primary Registration District No. 1003 Registered No. 9202

City St Louis (No. 4645 Carter St. ..... Ward)

2. FULL NAME Margaret Welsher

(a) Residence. No. ..... St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm W. Welsher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20th 1868

7. AGE: Years 59 Months 4 Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home 131 1118
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS
10. NAME OF FATHER: Nicholas Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Anna Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Wm W. Welsher
(Address): 4645 Carter av

15. FILED OCT 16 1927 19 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1927, to Oct 15, 1927 that I last saw her alive on Oct 15, 1927, and that death occurred, on the date stated above, at 4 35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia #103
No Lobar or Broncho
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): General Asthenia 8 weeks
chronic Nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Geo B Kroeger, M. D
10/16, 1927 (Address) 3442 Geraldine Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: 10-18 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

[illegible]

3442 Geraldine

8-9 am

[illegible] 2054