

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

Do not use this space.

15606

1928

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1005  
 City St. Louis Mo. (No. Sanitarium) St.      Ward     

File No.       
 Registered No. 4562

**2. FULL NAME**

Joseph R. Welsh  
 (a) Residence. No. 1319 Bayard Ave. B Ward.       
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. + mos.      ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 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 Anna Welsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, (unknown)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
About 70-75

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Formerly: Chain Maker  
 (b) General nature of industry, business, or establishment in which employed (or employer) recently nothing unknown  
 (c) Name of employer     

9. BIRTHPLACE (CITY OR TOWN) Wales  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
 (STATE OR COUNTRY)

14. INFORMANT William T. Gutter, M.D.  
 (Address) 5300 Arsenal St.

15. FILED APR 26 1928  
Max C. Standen REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 1928  
 17.     

HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Apr 25, 1928.  
 that I last saw him alive on Apr 25, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Polio Pneumonia  
108  
97/101a  
 (duration)      yrs.      mos. 4 ds.

CONTRIBUTORY arteriosclerosis  
 (SECONDARY)  
 (duration) 0 yrs. 3 mos. 17 ds. +

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF     

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William T. Gutter, M. D.

4/25, 1928 (Address) 5300 Arsenal St.

\*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 Valhalla Cemetery DATE OF BURIAL Apr 27 1928

20. UNDERTAKER Cullinane Bros ADDRESS 1710 N. Grand

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.

*Cullinane*

