

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

Do not use this space.

22158

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Allegan Bros. Hospital)

File No.....

Registered No. 6234

St. Ward)

2. FULL NAME

(a) Residence. No. 2708 Allen av St. 13 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U.S., if of foreign birth? 56 yrs. mos. da.

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 Katherine Welsh

6. DATE OF BIRTH about 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 56 — —

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

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

10. NAME OF FATHER James Welsh

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Katherine Welsh
(Address) 2708 Allen av

15. FILED 14 1928 Mar 14 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY That I attended deceased from June 8 1928 to June 13 1928 that I last saw him alive on June 13 1928, and that death occurred, on the date stated above at SA.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Heart
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings + laboratory tests

(Signed) Henry Rose M. D.

June 13, 1928 (Address) 601 Metropolitan Bldg

*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 New Picher DATE OF BURIAL June 15 1928

20. UNDERTAKER W. B. Moydell ADDRESS 1936 Allen

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.

