

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis Mo** (No. **1004 a Russell**)

Registration District No. **1303**
Primary Registration District No. **1004 a Russell**

751 34355

File No.....
Registered No. **9711**
St. Ward)

2. FULL NAME

Peter Welland

(a) Residence No. **1004a Russell** St. **23** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male white Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Welland**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **2--15--1879**

| | | | | |
|-----------|----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| 51 | 7 | 7 | 25 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Carpenter**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer **Self**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Hungary**

10. NAME OF FATHER **Stephan Welland**

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

12. MAIDEN NAME OF MOTHER **Don't Know**

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

14. INFORMANT **Elizabeth Welland**
(Address) **1004a Russell-St. Louis, Mo**

15. FILED **OCT 11 1930** **maub Starckoff** REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10-10-1930** 19

17. *No Physician Attended*
I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at **3 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
12 1/2 (duration) yrs. mos. ds.
72A Chronic Endocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerner* M.D.
10/11/30 (Address) *Dep. Coroner*

*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

SS Peter & Paul Cem

DATE OF BURIAL

10-13-30,

20. UNDERTAKER

Weisk Bros

ADDRESS

2201 So Grand Blvd

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.

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