

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

Do not use this space.

37806

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. City Hospital)

File No.....
Registered No. **10509**
St..... Ward.....

2. FULL NAME

(a) Residence, No. 1808 Wash St., 21 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Connolly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Michael Welsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MARIEN NAME Mary Welsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL Cathary Cem. DATE Nov. 29 - 1932

19. UNDERTAKER (ADDRESS) Jas. M. Telock 1123 N. Madison Ave

20. FILED Nov 28 1932 C. Starck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 25th, 1932 to Nov. 26th, 1932

I last saw him alive on Nov. 26th, 1932 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
hypertension
Cerebral Hemorrhage

Name of operation None Date of.....

What test confirmed diagnosis? Chemical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Maurice A. Welch M. D.

(Address) City Hospital

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.

Donnerstag