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.

15050

1. PLACE OF DEATH

County 1 Registration District No. 791 1003

Township Primary Registration District No.

City St. Louis (No. American Hospital, St. Ward)

File No.

Registered No. 3576

2. FULL NAME Wm. Welsh,

(a) Residence, No. 4639 N. Market st. St., 5 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879-3-28

7. AGE: YEARS 54 MONTHS - DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Toledo, Ohio.

FATHER

13. NAME Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknow,

MOTHER

15. MAIDEN NAME Unknown,

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

17. INFORMANT (ADDRESS) Louise Arbuckle 4639 N. Market st.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's DATE 4/21/33. 19

19. UNDERTAKER (ADDRESS) Robert Hembrooth, Inc. Clayton Rd. at Concordia Lane

20. FILED FEB 20 1933 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/33. 19

22. I HEREBY CERTIFY, That I attended deceased from March 10 1933 to April 19 1933

I last saw him alive on April 19 1933. Death is said to have occurred on the date stated above, at 5:25 A.m.

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

Chronic Interstitial Nephritis

131

97 131

Date of onset

Other contributory causes of importance:

Arteriol Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — 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) Nellie B. Lacy M. D.

(Address) 2800 N Taylor