

JUL 14 1936

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

Do not use this space.

791

24738

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No. 1003

File No.....

Registered No.....

6361

City St. Louis,

(No. 4143 So. Compton Ave.

St. .... Ward)

2. FULL NAME John Joseph Welsch

(a) Residence, No. 4143 So. Compton Ave., 15 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) Nov. 29, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) St. Louis, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME Edwin J. Welsch

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

MOTHER  
15. MAIDEN NAME Irene Mees

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

17. INFORMANT G. Welsch  
(ADDRESS) 4143 S. Compton Avenue

18. BURIAL, CREMATION, OR REMOVAL  
New SS. Peter and Paul PLACE DATE June 23, 1936

19. UNDERTAKER J. H. Nelson and Co.  
(ADDRESS) 2842 Meramec St.

20. FILED JUN 23 1936 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20, 1936

I HEREBY CERTIFY, That I attended deceased from June 20, 1936 to June 20, 1936

I last saw him alive on June 20, 1936. Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Broncho pneumonia  
Primary  
Date of onset 10/1/35

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

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?  
If so, specify.....

(Signed) Rayol L. Sims, M. D.

(Address) 4209 Virginia St

