

OCT 5 1938

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

Do not use this space.

48922

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, (No. Calcoress Hospital)..... St. Ward)

File No.
Registered No. 9472

2. FULL NAME

Stillborn Welsh
(a) Residence, No. 602 Norton Ave St. N.R. Ward. Hickman 2 Mo
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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

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)

Infant

11. Total time (years) spent in this occupation

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

13. NAME Vincent George Welsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood Missouri

15. MAIDEN NAME Mar Low Bollinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Illinois

17. INFORMANT (ADDRESS) Father, Vincent George Welsh 602 Norton, Hickman 2 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Lodge 9-15-38

19. UNDERTAKER (ADDRESS) 550 9th Avenue, Martineau St. Louis

20. FILED SEP 15 1938 J. H. Breddick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:30 P. m.

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

Stillborn fetus of about 7 1/2 mos gestation. Date of onset

Other contributory causes of importance:
Calcarius degeneration of placenta.

Name of operation..... Date of.....

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

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) Henry J. Orange....., M. D.

(Address) 840 Wisconsin Theater Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

