

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

96 County St. Louis  
 Township Clayton  
 City Clayton (No. St. Louis County Reg. 8)

Registration District No. 790  
 Primary Registration District No. 6038<sup>a</sup>

File No. 17588  
 Registered No. 155  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Flora Welch  
 (a) Residence, No. Schemade Ave - Mayland Hgts. Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1869

7. AGE YEARS 67 MONTHS 5 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil  
 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) Salem (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Jack Welch

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

MOTHER 15. MAIDEN NAME Ellen Wolford

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

17. INFORMANT Dayton Fore (ADDRESS) 45 1/2 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Mo. DATE Apr. 25 1937

19. UNDERTAKER Albert H. Johnson (ADDRESS) 429 N. Euclid Ave

20. FILED 4/23 1937 D. A. J. Liguorielle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1937, to 4/22 1937

I last saw him alive on 4/22 1937. Death is said

to have occurred on the date stated above, at 9:15 a. m.

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

Chr. Myocarditis Date of onset 2 yrs

Other contributory causes of importance:  
Coronary Arteriosclerosis  
Fractures of left leg

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 Lewis J. Franklin, M. D.

(Signed) \_\_\_\_\_ (Address) St. Louis County Reg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

