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.

JUL 8 - 1937

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

Do not use this space.

21662

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21662

Township ..... Primary Registration District No. 1003 Registered No. 5414

City St. Louis, Mo. (No. 5351 Delmar Blvd St. ..... Ward)

2. FULL NAME Miss Ella Belle Welsh

(a) Residence, No. 5351 Delmar Blvd., St., 12 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 1 mos. 17 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. 17, 1869

7. AGE 62

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Henry County, Missouri

FATHER

13. NAME Wm. P. Welsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville, Ohio

MOTHER

15. MAIDEN NAME Marian Louise Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

17. INFORMANT (ADDRESS) Wilmoth Waller 5351 Delmar St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE June 2, 1937

19. UNDERTAKER (ADDRESS) A Kron & Son Co 2407 N Grand Blvd

20. FILED JUN 1 - 1937, 19 J. Wiedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, 19, to May 31, 1937, 19

I last saw her alive on May 31, 1937, 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:

	Date of onset
Hypertension	6 mon
Other contributory causes of importance:	
Interstitial Nephritis Chronic	6 month

131

Name of operation ---------- Date of ----

What test confirmed diagnosis? Phy. Ex. 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) Robert Cameron, M. D.
(Address) 508 N. Grand Blvd.