JUL 8 - 1937

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

Do not use this space.

File No. 21978

Registered No. 57330

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City 3856a. St. Louis, Avo. (No. ..... St. ..... Ward)

2. FULL NAME Alice E. Welsh

(a) Residence, No. 3856a St. Louis Avo. St., 11 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: fomalo

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) Aug. 23, 1880

7. AGE: Years 56 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fed. Gov. at Washington, D. C.

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) St. Louis, Mox

FATHER

13. NAME David R. Welsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

MOTHER

15. MAIDEN NAME Rose A. Delahanty

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

17. INFORMANT Margaret H. Welsh
(ADDRESS) 3856a St. Louis, Avo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE June 11 1937

19. UNDERTAKER Bensick-Niehaus
(ADDRESS) 1139 N. 6th Street

20. FILED JUN 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4 1937 to June 8 1937

I last saw her alive on June 8 1937. Death is said to have occurred on the date stated above, at 11:30 a. m.

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

	Date of onset
Carcinoma of Breast	May 4/34

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) B. F. Stimson, M. D.

(Address) 1873 Madison

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.

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