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

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.

SEP 10 1937

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

Do not use this space.

29521

791

1003

1. PLACE OF DEATH Homer Phillips Hosp.
County ..... Registration District No. ..... File No. .....
Township ..... Primary Registration District No. ..... Registered No. 8154
City St. Louis, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME William Welch
(a) Residence, No. 1421a O'Fallon St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 ~~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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	5	12	

OCCUPATION
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. Laborer common
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) Ill.

FATHER
13. NAME Jock Welch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Bessie Brookins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Evelyn D Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U DATE 8-25 1937

19. UNDERTAKER (ADDRESS) W. Richter 3500 Rutger St

20. FILED ..... 19 ..... J F Bredeck Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/27/37, 19..., to 8/8/37, 19...
I last saw him alive on 8/7/37, 19..... Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/27/37

Other contributory causes of importance:
Pleural Effusion

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) L. L. Lewis, M. D.
(Address) 2601 N Whittier

100M-11-2-33