

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

16729
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **of St. Louis** (d) Street No. **3195a S. Grand** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1003

Registered No. **4590**

2. PRINT FULL NAME

Martha Ann Welsh 420
 (a) Residence, No. **3195a S. Grand Avenue** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Wife of Joseph**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 17, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hosewife**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Jerome Ledgerwood**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Mary Anthony**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Joseph Welsh 3195a S. Grand Avenue**

18. PLACE OF EXAMINATION FOR REMOVAL to **Sedalia, Mo.** DATE **5/20/38**

19. FUNERAL DIRECTOR (ADDRESS) **C. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **MAY 19 1938** **J. F. Bredbeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/18/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **May 22** 1938, to **May 18** 1938

I last saw him alive on **May 17th** 1938 Death is said to have occurred on the date stated above, at **5:38** m.

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

Coronary (left) artery metastatic from left breast
50

Other contributory causes of importance: **General Senile Emphysema**

Name of operation **none** Date of operation
 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? **no**
 If so, specify
 (Signed) **A. H. Hamerl** M. D.
 (Address) **1460 So Grand Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed L.R. Cooper
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)