

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17055

Do not use this space.

4916

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis (d) Street No. Missouri Pacific Hospital 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.

## 2. PRINT FULL NAME

(a) Residence, No. 6621 University Drive, St. NR University City.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1889-10-7

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
48 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Division Car Fore  
 9. Industry or business in which work was done, as saw mill, bank, etc. Man, Mo. Pac. R. R. Co.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Winchester, Ill.  
(STATE OR COUNTRY)

FATHER 13. NAME James Welch,  
 14. BIRTHPLACE (CITY OR TOWN) Welch, N. C.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice Clarkson  
 16. BIRTHPLACE (CITY OR TOWN) Manchester, Ill.  
 (STATE OR COUNTRY)

17. INFORMANT Jess Kelleem Welch  
(ADDRESS) 6621 University Drive18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 5/28/38  
Mt. Moriah Cemetery19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) Clayton Rd. at Concordia Lane20. FILED MAY 27 1938 J. D. Brubaker  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/38 1922. I HEREBY CERTIFY, That I attended deceased from 4/4/38 19, to 5/26/38 19.I last saw him alive on 5/26/38 19, Death is said to have occurred on the date stated above, at 6:05 P. m.

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

Hypertensive Heart Disease 1936  
Chronic nephritis 1936

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Epan Was there an autopsy? no23. 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) R. H. Welch M. D.  
(Address) 1755 S. Grand Blvd.

**STATEMENT BY LICENSED EMBALMER**

I, Robert J. Ambruster, Licensed Embalmer No. 1994

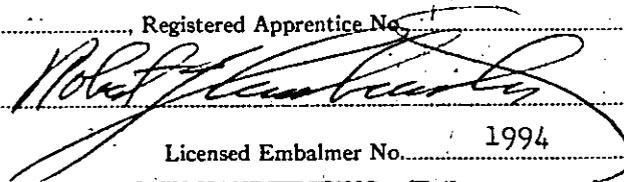
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**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.)**