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.

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

REC'D JUL 12 1938

20092
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5231

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Homer Phillips 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Welch 420
(a) Residence, No. 1829 Division St. 21
(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: M
4. COLOR OR RACE: C
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): August 25, 1885
7. AGE: Years 52 | Months 11 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
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): Tennessee

FATHER
13. NAME: George Welch, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 6/11 19 38

19. FUNERAL DIRECTOR (NAME) Englisht Funeral Co
(ADDRESS) 2631 Sarah ave

20. FILED JUN 8 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 2, 19 38 to June 5, 19 38
I last saw him alive on June 5, 1938. Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Type I)	6/2/38

108

Other contributory causes of importance:

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) A. L. Jeanne, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Louis C. Atkins, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fannie

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

If this body is not embalmed, above space should be left blank.