

1939 DEC 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

791

37959

Township

Primary Registration District No.

1003

File No.

9798

City, St. Louis, Mo

(No. St. Louis Maternity Hospital

St. Ward)

2. FULL NAME <sup>470</sup> Welch, Infant Boy

(a) Residence, No. 3905a Folsom Avenue St. 17 Ward.

(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 Male 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) November 15, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 min.

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

Infant

9. Industry or business in which work was done, as silk mill, 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) St. Louis, Mo (STATE OR COUNTRY)

13. NAME Father: Welch, Lynn Leroy

14. BIRTHPLACE (CITY OR TOWN) De Soto, MO (STATE OR COUNTRY)

15. MAIDEN NAME Mother: Williams, Jean Muriel

16. BIRTHPLACE (CITY OR TOWN) St. Louis, MO (STATE OR COUNTRY)

17. INFORMANT Lynn Welch (ADDRESS) 3905a Folsom

18. BURIAL CREMATION OR REMOVAL

PLACE Valhalla DATE Nov. 17 1939

19. UNDERTAKER T.M. Schumacher (ADDRESS) 3013 Meramec

20. FILED NOV 17 1939 J.F. Budick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Nov. 15, 1939.

I last saw him alive on Nov 15, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Congenital Malformation of Heart

Gestation 40 weeks

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) W. H. Hayward, M. D.

(Address) 6209 E. Kuyperway, St. Louis, Mo.

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.

360 / East Hill

8626

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