

Registration District No.

Primary Registration District No.

Registrar's No.

11152

## 1. PLACE OF DEATH:

(a) County 2  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1436a Dolman St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 days (Specify whether  
 In this community years, months or days)

3. (a) PRINT  
FULL NAME

James Hersel Welty 430

3. (b) If veteran,  
name war

No

3. (c) Social Security  
No. None

4. Sex

M

5. Color of  
race W6. (a) Single, widowed, married,  
divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Birth date of deceased

Dec. 5, 1939

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

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21

hr. min.

9. Birthplace

St. Louis, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

Hersel Welty

12. Name

Kennett, Mo.

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Estellene Holsapple

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Hersel Welty

(b) Address

1436a Dolman St

17. (a) Burial

(b) Date thereof 12/27/39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Matthews Cem.

18. (a) Signature of funeral director

E. W. DeKamplin

(b) Address

2301 Lafayette Ave

19. (a) Date of death

Dec 28 1939

(b)

J. B. Bibeck

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 23  
 (If outside city or town limits, write "RURAL")  
1436a Dolman St  
 (d) Street No. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
 year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec  
1939 to Dec 26 1939  
 that I last saw him alive on Dec 21 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal Indigestion  
 Malnutrition

Duration

3  
weeks

Due to

Feeding problem

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(e) Means of injury

28. Signature SEADAL (M. D. or other)  
 Address 105 W. Lockwood Date signed 12/27/39

**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, or by.....

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

Signed *L. K. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.)**

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