FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 12717

Registration District No. 791 Primary Registration District No. Registrar's No. 3147

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months 7 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 21

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 3209 Pine St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James H. Welsh

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-9327

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Welsh

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 5 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months Days 72 If less than one day hr. min.

9. Birthplace Warrenton Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER

12. Name Harry Welsh

13. Birthplace Warrenton Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name Mytlday ?

15. Birthplace Warrenton Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Edith Welsh

(b) Address 3109 Pine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cem

18. (a) Signature of funeral director Pinkie L. Toner

(b) Address 3129 Lucas Ave

19. (a) APR 11 1941 (Date received by local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from January 31, 1941 to April 7, 1941; that I last saw him alive on April 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Probable Cerebral Thrombosis	48 hours
Due to 2nd Anemia	Several years
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 statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Estell A. Cutsch (M.D. or other)

Address 2601 N. Whittier St. Date signed 4-7-41

(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, or~~ by Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.