

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **10531**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4049**

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:
7515 Minnesota Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **117**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **7515 Minnesota Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** **1** (Yes or No)
If yes, name country.....

3. (a) PRINT **Patricia Ann**
FULL NAME **- Infant Welch**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 12 1941**
(Month) (Day) (Year)

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

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Doss Welch** **29**

13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Nettie Asher** **19**

15. Birthplace **Colorado** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Doss Welch**

(b) Address **7515 Minnesota Ave**

17. (a) **Burial** (b) Date thereof **May 14 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **3/14/41** (b) **J. F. Budack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12th** day **May**
year **1941** hour **1:30** minute **Pm** M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....

that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Atlectasis of left lung;**
subarachnoid hemorrhage of brain. *Duration*

Due to.....

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?

While at work?..... (Specify type of office) (c) Means of injury.....

23. Signature **[Signature]** (M. D. or other) **3**

Address **[Signature]** Date signed **5/14/41**

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

00
17
9

No Embalming

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.