

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 WEEKS H. Luke's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 20 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 614 S BERRY RD.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STELLA GWEN WELCH

3. (b) If veteran, name war NONE
3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUSTIN E WELCH
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased APRIL-10-1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 22
If less than one day — hr. — min.

9. Birthplace BROOKLINE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WILLIAM T. MOORE

13. Birthplace ROANE CO. TENNESSEE
(City, town, or county) (State or foreign country)

14. Maiden name GARDELIA LEVITICIA GANIFAX

15. Birthplace LOGAN CO. KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Emma A. Helch

(b) Address 614 S BERRY RD WEBSTER GROVES MO.

17. (a) BURIAL (b) Date, thereof OCT. 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES MO.

19. OCT 4 1941 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1941 hour 8 minute 45 P.A.M.

21. I hereby certify that I attended the deceased from June 1940 to October 1941
that I last saw her alive on October 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 9 days

Due to Arteriosclerosis

Due to _____

Other conditions Cholecystitis (Chronic)
(Include pregnancy within 3 months of death)
Some Calculus present

Major findings: Cholecystectomy by Dr. O.R. Sevin
Of operations 9-18-41 general Chronic Cholecystitis
Of autopsy Coronary Thrombosis

Duration
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 place)
(e) Means of injury _____

23. Signature David M. Sheeringer Jr. (M.D.)
Address 4500 Olive St. St. Louis Date signed Oct 3-1941

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

699

SEP 22 1940

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

B. B. Aldrich

Licensed Embalmer No.

1332

P. O. Address

Webster Groves

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.