

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 19 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1426 Goodfellow Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edgar Welch

3. (b) If veteran, name war Army 3. (c) Social Security No. 44004

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 27 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 9 16 — hr. — min.

9. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business City of St. Louis

12. Name Fredrick Welch

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beattie

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Welch

(b) Address 1426 Goodfellow Avenue

17. (a) Burial (b) Date thereof 2-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barricks

18. (a) Signature of funeral director [Signature]

(b) Address 1225 Union Blvd

19. (a) FEB 14 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 13
year 1942 hour 12:45 minute A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Fluoride Poisoning
self administered at his home 1426
Goodfellow Ave., on Feb. 12th, 1942,
Due to at about 11:00 P.M., while suffer-
ing from temporary mental aberration.

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) SUICIDE

(b) Date of occurrence Feb. 12th, 1942

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 2/14/42

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

MOTHER FATHER

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

Bernard J. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Quincy Blvd

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.