

U. S. No. 2  
M-9-4-41  
rev. 5-17-39  
I X2948A

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15612

State File No. ....

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1093

1. PLACE OF DEATH: St. Louis

(a) County Maryland Height

(b) City or town Maryland Height  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2438 Gothland / Overland Mo.  
(If not in hospital or institution, write street number or location)

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

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maryland Heights Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 2438 Gothland  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Nettæ 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 Widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Sep 9 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>9</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1942 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from October 10 1941 to May 18 1942  
that I last saw h.e.v. alive on 5-17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of Liver 1-yr.

Due to.....  
Hof

Due to.....

Other conditions.....  
Myocarditis  
Coronary Occlusion

Major findings:  
Of operations.....

Of autopsy.....

Duration  
10 yrs  
7-yr  
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Fine McCrea

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

14. Maiden name Melissa Walker

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

16. (a) Informant Ferd Crelley  
(b) Address 2438 Gothland

17. (a) Removal (b) Date thereof 5-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Mo

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington

19. (a) MAY 18 1942 (b) H. McHarr  
(Date received local registrar) (Registrar's signature)

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 Herman Kleeber (M. D. or other) M.D.  
Address 9621 Eastland Rd Date signed 5-18-42

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

96  
0  
0

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

*Albert G. Koppa*

Licensed Embalmer No. 2971

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.**