

OCT 27 1943  
Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9222

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1508 Linton 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 74 Years  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Welsh

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

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

6. (b) Name of husband or wife James L. Welsh 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 18th 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 0 If less than one day 14 30 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Anthony Hoverstaedt

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

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant James L. Welsh  
(b) Address 1508 Linton Ave.

17. (a) Burial (b) Date thereof Oct. 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Watson - Boeklage  
(b) Address 6536 Clayton Rd.

19. (a) OCT 20 1943 (Date received local registrar) J. F. Brudack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1508 Linton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th  
year 1943 hour 2:30 minute PM

21. I hereby certify that I attended the deceased from July 20th 1943 to October 18th 1943  
that I last saw him alive on Oct 18th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia  
Cardiovascular Perme.  
Due to Arterio Sclerosis  
Due to Ch.

Duration  
1 day  
3 days

Other conditions (Includes 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 place) (e) Means of injury \_\_\_\_\_

23. Signature Harold J. Ott (M. D. or other) MD  
Address 2816 S. ... Date signed 10-19-43

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

FILED

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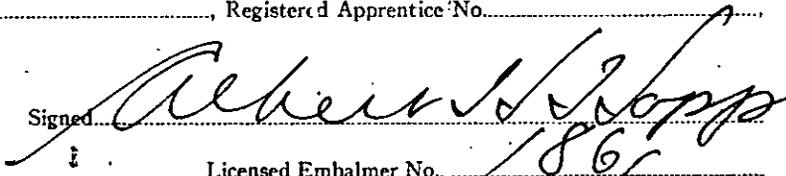
**STATEMENT BY LICENSED EMBALMER**

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 S. Popp

Licensed Embalmer No. .... 1861

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.**