

FILED APR 1 1944  
Registration District No. **348**

Primary Registration District No. **1003**

Registrar's No. **2892**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2401 No. Vandeventer 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 \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2401 No. Vandeventer**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jane Welby**

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 **John Welby** 6. (c) Age of husband or wife if alive **(dead)** years  
7. Birth date of deceased **December 28th 1866**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Unknown Byrne**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Marie Welby - daughter**

(b) Address **2401 No. Vandeventer**

17. (a) **burial** (b) Date thereof **3-29-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Calvary Cemetery**

18. (a) Signature of funeral director: **Sullivan Brothers**

(b) Address **2849 North Euclid Ave.**

19. (a) **MAR 28 1944 J. F. Madisch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27th**  
year **1944** hour **3:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 1**, 19**44**, to **March 27**, 19**44**, that I last saw her alive on **March 27**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia**  
**2. Cerebral Hemorrhage**

Duration  
**8 days**  
**27 days**

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 place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature **Thos. A. Dill** (M. D. or other) **M.D.**  
Address **1346a Manchester** Date signed **3-27-44**

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

Dr. Dill  
7348 Manchester Hi. 1751 1 P.M.  
Res: 7326 Lyndorr Hi. 6630

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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 Mayfield*

Licensed Embalmer No. # 3077

P. O. Address, St. Louis, Missouri

**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.**