

FILED NOV 30 1944

Primary Registration District No. 1003

Registrar's No. 9745

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

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 _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James E. Welch

3. (b) If veteran, name war Nil

3. (c) Social Security No. 372-03-7538

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

6. (b) Name of husband or wife Jewell Welch 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 25 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Speedville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Roofer

11. Industry or business _____

12. Name J.P. Welch

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

14. Maiden name Luster Patton

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

16. (a) Informant Mrs. Jewell Welch

(b) Address 538 Fernwood, Monroe, Mich.

17. (a) Removal (b) Date thereof 11-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlesboro, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 16 1944 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Claybourn ⁹⁹⁹

(c) City or town Speedville ⁷⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1944 hour 12:45 minute P. M.

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

Immediate cause of death _____

Encephalitis Acute Simple

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 80

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) (c) Means of injury

23. Signature Thos Perry (M. D. or other) _____
Address Clayton Date signed 11/16/44

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 *Robert W. Mayre*

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.