

FILED JAN 18 1945
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Rural ST. FERDINAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Jesus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five years
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 12000 RIVERVIEW DRIVE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Gildard 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 0

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

7. Birth date of deceased Jan 4 1888
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Welch
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Bridget Hennessey
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Tolentine

(b) Address 2000 Riverview Drive No. 3 - Boysa

17. (a) Burial (b) Date thereof Dec 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Jesus Cemetery

18. (a) Signature of funeral director C. Hoffman U.I.C.

(b) Address 7814 S. Bond

19. (a) DEC 18 1944 (b) E. J. McShane
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16
year 1944 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1944
to Dec 16 1944
that I last saw her alive on Dec 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocardial
Due to _____
Due to _____

Other conditions Senility
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
_____ (Specify type of place)

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature John C. Conell (M. D. or other) MD
Address 3005 - a - grove Date signed 12-18-44

Duration 1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

*W. John E. Campbell
5805 - Street E.*

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 *Linus C. Hoffner*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.