

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JAN 5 1946
318
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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: 1126th Hadley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 27
years, months or days

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. 1126th Hadley
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Alice BLANCH

3. (b) If veteran, name war _____

3. (c) Social Security No. 9

4. Sex Female

5. Color or race ed

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Robert Lee Welch

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 6 7 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace ARK. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Henry Ford

13. Birthplace ARK. 1
(City, town, or county) (State or foreign country)

14. Maiden name Dessie Richardson

15. Birthplace ARK. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Amos

(b) Address 1126th Hadley

17. (a) Burial (b) Date thereof 12 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Bury

18. (a) Signature of funeral director Hessell & Co.

(b) Address 2834 W. 11th St.

19. (a) DEC 22 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1945 hour 5 minute 10 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 Coronary Occlusion (chronic)

Due to _____

Due to _____

Other conditions _____
(Include 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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Stuart E. Smith (M.D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 _____

Chas. L. Howell

Licensed Embalmer No. *2452*

P. O. Address. *2834 Gamble*

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.