No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6531

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1869

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: 5071 Maple
(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: 000
(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5071 Maple Ave. 9
(If rural, give location) 12 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elise Jackson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 12. (Month) (Day) 1882 (Year)

8. AGE: Years 65 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name David R. Welsh 21
13. Birthplace Nova Scotia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rose Ann Delehanty 4
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Margaret H. Welsh
(b) Address 4612 Steinlage Drive.
17. (a) Burial (b) Date thereof Feb. 25.48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of [illegible] Patrick Niehaus
(b) Address 1431 Union Blvd.
19. (a) FEB 24 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1948 hour 1 minute 30 a.M.

21. I hereby certify that I attended the deceased from July 9, 1947 to July 29, 1947
that I last saw h.e.k. alive on July 29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 hrs
Due to Arteriosclerotic Heart disease	Indeterminate
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Feb. 22, 1948
(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? (e) Means of injury 0

23. Signature W. C. Wissey, Jr. (M. D. or other) M.D.
Address 634 N. Grand Date signed 2/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr Alphonse Mc Mahon

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.