

JUL 31 1937

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24924

1. PLACE OF DEATH *St. Louis*
 County *Crawford* Registration District No. *1123*
 Township *Marymoor* Primary Registration District No. *6248 D*
 City *Mattese Mo.* (No. _____) St. _____ (Ward) _____

File No. _____
 Registered No. *277*

2. FULL NAME *George J. Welkener*
 (a) Residence, No. *3642 South Compton* St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rose*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-20-1894*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
43 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Supt. Nat'l.*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ref. Co.*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *ST. LOUIS* (STATE OR COUNTRY) *MISSOURI*

13. NAME *William Welkener*

14. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) *Not known* (STATE OR COUNTRY)

17. INFORMANT *Rose Welkener* (ADDRESS) *3642 South Compton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset Burial Pk* DATE *7/8/37* 19. _____

19. UNDERTAKER *John L. Ziegenhein & Sons* (ADDRESS) *7027 Gravois Avenue*

20. FILED *July 8, 1937* *G. Mowry* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5, 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *2:30 P.M.*
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
94 B

Other contributory causes of importance: _____

Name of operation *None* Date of _____
 What test confirmed diagnosis? *Medical History* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *John D. Cornell, M.D.*
 (Address) *Lawrence, St. Louis*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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UNIT PLAINLY WITH GRADING MARKS THIS IS A PERMANENT RECORD

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