

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CURRENCY supplied. CURRENCY should be stated EXACTLY. CURRENCY should be stated EXACTLY.

REC'D MAY 23 1938

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

15927
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Gardenville Primary Registration District No. 200 Registered No. 870
 (c) City St. Louis (d) Street No. 8417 Gravois Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles F. Welz, Sr. 421
 (a) Residence, No. 8417 Gravois Ave. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Welz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 11th, 1892.

| | | | |
|--------------|----------|----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>46</u> | <u>1</u> | <u>5</u> | |

| | | |
|------------|--|---------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | <u>Tavern</u> |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | <u>Owner</u> |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Adolph Welz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katherine-Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Catherine Welz
8417 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May, 20th., 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED 57 1538 J. R. Meyer Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 16th., 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938 to May 16, 1938
 I last saw him alive on May 16, 1938 Death is said to have occurred on the date stated above, at 5.05 P.M.
 The principal cause of death and related causes of importance were as follows:
acute muscular +
osticular Rheumatism
56 B -

| | |
|--|--|
| Date of onset | <u>don't know</u> |
| Other contributory causes of importance: | <u>Multiple led veins</u> <u>don't know</u> |

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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? _____
 If so, specify John H. Coyle, M.D.
 (Signed) _____ (Address) 5005 1/2 Gravois Ave

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, Frank J. McDaniel, or by me, 2645
Registered Apprentice No. _____ working under my personal supervision.
Signed Frank J. McDaniel
Licensed Embalmer No. 2645
P. O. Address W. Davis

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, above space should be left blank.