

APR 12 1939

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

9105  
Do not use this space.

791  
1003

Registered No. 2870

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Missouri (d) Street No. .... City Sanitarium ..... St.  
(e) Length of residence in city or town where death occurred 70 yrs. 2 mo. 4 da. (f) How long in U.S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No. 426 Harry Welker St. 9  
1112 Linton 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Mathelson Welker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Collector  
9. Industry or business in which work was done, as saw mill, bank, etc. Rent Col.  
10. Date deceased last worked at this occupation (month and year) 9-29 11. Total time (years) spent in this occupation

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

13. NAME John Welker

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

15. MAIDEN NAME Wilhelmina Stalle

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT J.B. Varner, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE Mar. 27, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED J.F. Brudeck Local Registrar

MAR 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-21-38, 19, to 3-24-39, 19.

I last saw him alive on 3-24-39, 19. Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis with degenerative Heart disease 11-21-38x

Date of onset

Other contributory causes of importance:  
Senility 11-21-38x  
Pulmonary Edema 11-21-38x  
Uremia 11-21-38x

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....

(Signed) John B. Varner, M. D.  
(Address) City Sanitarium

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.

**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.....

*Lemard Hampton*

Licensed Embalmer No. *2967*

P. O. Address. *2161 E. Fair*

**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.**