No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 9 1941 Rn 0107

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15816

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 788

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9816 Erie st. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town 9816 Erie st/ Lemay 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. 9816 Erie st (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret Welker

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 Married

6. (b) Name of husband or wife Joseph F. Welker

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July (Month) 6 (Day) 1893 (Year)

8. AGE: Years 47 Months 9 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Milstadt Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Walter
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Christina Biehl
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Jos F. Welker

(b) Address 9816 Erie st

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof April 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Dr Marcus

18. (a) Signature of funeral director C H Hoffmeister N. & L. C.

(b) Address 7814 S. Broadway

19. (a) APR 11 1941 (Date received local registrar) (b) T R Meyer M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/15/41, 19__, to 4/11, 1941; that I last saw her alive on 4-10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94 W

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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

(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

23. Signature J. J. Meiz (M. D. or other) MD

Address 2001 Cherokee Date signed 4/11/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1948

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.