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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29651

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2899

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(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 DEECEASED:

(a) State Mo (b) County 095

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 922 Lafayette 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christina ~~Zoebert~~ Welter

3. (b) If veteran, name war No

3. (c) Social Security No. 720

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Welter

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 15 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Fankhrich 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katarina Unk
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Henry Welter
(b) Address 922 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Chyard

18. (a) Signature of funeral director Mutt Bros. Inc
(b) Address 2926 S. Jefferson A

19. (a) AUG 20 1947 (Date received local registrar) (b) J. F. Broaddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th year 1947 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 8/8/47, 19..., to Aug. 18th, 1947, that I last saw her alive on Aug. 18th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis secondary to ruptured gall bladder	days
Due to:	
Due to:	
Other conditions: Diabetes Mellitus, Old Cerebrovascular accident	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: do above
Of autopsy: Gross Carcinoma of

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
(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? Means of injury

23. Signature Robert E. Gilbert (M. D. or other)
Address 1515 Lafayette Date signed
ROBERT E. GILBERT

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

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 Davis, Registered Apprentice No. ..... working under my personal supervision.

Signed Ed. F. Witt

Licensed Embalmer No. 2117

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.