

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 43595
Registrar's No. 11492

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(d) Length of stay: In hospital or institution. 6 DAYS
In this community 43 YRS.
years, months or days

3. (a) PRINT FULL NAME. JACOB WELTER SR.
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife MARIE 6. (c) Age of husband or wife if alive. 63 years
7. Birth date of deceased. JANUARY 2 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 13 hr. min.

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

10. Usual occupation. CARPENTER 1

11. Industry or business.

12. Name. PETER WELTER 4

13. Birthplace. AUSTRIA 1
(City, town, or county) (State or foreign country)

14. Maiden name. MARIE GEREN 4

15. Birthplace. AUSTRIA 4
(City, town, or county) (State or foreign country)

16. (a) Informant. MARIE WELTER 1
(b) Address. 3822 1/2 UTAH PL.

17. (a) BURIAL (b) Date thereof. DEC. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. RESURRECTION CEM.

18. (a) Signature of funeral director. Thomas Kutis & Son
(b) Address. 2906 GRAYSON

19. (a) DEC 16 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(d) Street No. 3822 1/2 UTAH PL. 9
(If rural, give location)
(e) Citizen of foreign country? 16 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month DEC. day 15
year 1947 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 7, 1947 to Dec. 15, 1947
that I last saw him alive on Dec. 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis
Due to chronic Myocarditis
9 30
Duration 15 min. 2 hrs.

Other conditions. acute Choleystitis
(Include pregnancy within 3 months of death) Non-calculous
PHYSICIAN

Major findings:
Of operations. Emphysema base Bladder
Of autopsy. 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. William W. Fryberg M. D. or other MD.
Address. 3108 S. Gironde Date signed. 12-16-47

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

Samuel Hill

Licensed Embalmer No.....

4347

P. O. Address.....

2906 Harris

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.