

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11164**

**FILED APR 8 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 838

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HEIGHTS</b>		c. LENGTH OF STAY (In this place) <b>20 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>	
		d. STREET ADDRESS (If rural, give location) <b>528 OAKS COURT</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ISABEL</b> b. (Middle) <b>ROGERS</b> c. (Last) <b>WELLMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 26, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 18, 1878</b>		9. AGE (In years last birthday) <b>73</b>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 WEEK Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>house wife</b>		11. BIRTHPLACE (State or foreign country) <b>Quincy, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thaddius Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Nance</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey C. Wellman</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harvey C. Wellman 528 Oaks Ct. Webster</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Encephalopathy</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis with hypertension</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr. Over 6 yrs.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 28 52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from 2-8-, 19 52, to 3-26-, 19 52, that I last saw the deceased alive on 3-26, 19 52, and that death occurred at 9:25P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert P. Donke M.D.</b> (Degree or title)		23b. ADDRESS <b>19 E. Lockwood, Webster Groves 19, Mo.</b>		23c. DATE SIGNED <b>3-28-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>March 29, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Quincy, Illinois</b>	
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DATE REC'D BY LOCAL REG. <b>3-28-52</b>		REGISTRAR'S SIGNATURE <b>Herbert P. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>	
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5 Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St Louis, Mo.*

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.