

FILED JUN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. **17641**

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

|   |  |   |  |   |                 |  |                            |
|---|--|---|--|---|-----------------|--|----------------------------|
| BIRTH NO.   |  | REG. DIST. NO. <b>308</b>   |  | PRIMARY REG. DIST. NO. <b>4454</b>  |                 | Registrar's No. <b>9</b>   |                            |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St Charles</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>St Charles</b> |                 |  |                            |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Augusta</b>  |  | c. LENGTH OF STAY (In this place)<br><b>26</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Augusta Mo</b>   |                 | d. STREET ADDRESS (If rural, give location)<br><b>0920</b>         |                            |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  | d. STREET ADDRESS (If rural, give location)   |                 |  |                            |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>NORA</b><br>b. (Middle) <b>WELTZEN</b><br>c. (Last)   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 2 - 52</b> |   | 5. SEX <b>F</b> |  | 6. COLOR OR RACE <b>W.</b> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>  |  | 8. DATE OF BIRTH<br><b>Aug. 10 - 1895</b>   |  | 9. AGE (In years last birthday) <b>56</b>   |                 | IF UNDER 1 YEAR<br>Months <b>1</b> Days                            |                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><b>St Louis Mo</b>   |                 | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                    |                            |
| 13a. FATHER'S NAME<br><b>Henry Handkepf</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Oliver</b>   |  | 14. NAME OF HUSBAND OR WIFE   |                 |  |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs Oliver Bockhaus Augusta Mo</b>  |                 |  |                            |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                             |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Rheumatic heart disease</b> <b>5 yrs</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>none</b> |  |   |                 |  |                            |
| 19a. DATE OF OPERATION<br><b>none</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>none</b>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                 |  |                            |
| 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)<br><b>416X</b>  |                 |  |                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |                 |  |                            |
| 22. I hereby certify that I attended the deceased from <b>10 AM</b> , 1952, to <b>2 June</b> , 1952, that I last saw the deceased alive on <b>24 Apr</b> , 1952, and that death occurred at <b>3:00</b> m., from the causes and on the date stated above. |  |   |  |   |                 |  |                            |
| 23a. SIGNATURE (Degree or title)<br><b>Raymond J. Boop, M.D.</b>  |  |   |  | 23b. ADDRESS<br><b>Washington, Mo.</b>  |                 | 23c. DATE SIGNED<br><b>4 June 52</b>                               |                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>June 5 - 52</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>  |                 | 24d. LOCATION (City, town, or county) (State)<br><b>Augusta Mo</b> |                            |
| DATE REC'D BY LOCAL REG.<br><b>June 4, 1952</b>   |  | REGISTRAR'S SIGNATURE<br><b>McVista F. Luesmeier</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Oliver Thelking</b>  |                 | ADDRESS<br><b>Augusta</b>  |                            |

(Licensed Embalmer's Statement on Reverse Side)

Mo

JUN 16 1954

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

*Howard O. Kessler*

Signed.....

Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.