

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18681

State File No.

4720

FILED JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5233a Gravois Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. STREET ADDRESS 15 5233a Gravois Ave.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Oscar b. (Middle) W. c. (Last) Welz			4. DATE OF DEATH (Month) (Day) (Year) 5/20/52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 5, 1898
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY ---	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Adolph Welz		13b. MOTHER'S MAIDEN NAME Kate Henche	14. NAME OF HUSBAND OR WIFE Mildred
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Otto Welz-8600 General Grant Lane
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION St. Louis Co., Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastro-Enteritis due to Virus infection Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Cirrhosis of Liver II. OTHER SIGNIFICANT CONDITIONS: Arterio Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5:810	
22. I hereby certify that I attended the deceased from May 20, 1952 , to May 20, 1952 , that I last saw the deceased alive on May 20, 1952 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 5402 1/2 Gravois Ave.	23c. DATE SIGNED May 21, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/23/52	24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. MAY 22 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3634 Gravois

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.