

1952 OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37126

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2688

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	c. LENGTH OF STAY (In this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	4713
d. FULL NAME OF HOSPITAL OR INSTITUTION 240 W. Rosehill Ave.		d. STREET ADDRESS (If rural, give location) 240 W. Rosehill	

3. NAME OF DECEASED (Type or Print) KATHERINE WELSCHAN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1952	
a. (First)	b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) House Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Frank Maurer	13b. MOTHER'S MAIDEN NAME Wilhelmina Krumsick	14. NAME OF HUSBAND OR WIFE Beni. F. Welschan
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Beni. F. Welschan, Kirkwood, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		DUE TO (b) Mitral stenosis		None
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Rheumatic heart disease		46 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		416X		46 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Jan. 1951, to October, 1952, that I last saw the deceased alive on Oct. 10, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. C. Hyatt, M.D.	(Degree or title)	23b. ADDRESS 124 E. Adams	23c. DATE SIGNED 10-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/20/52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE Herbert R. Donke	524 (Licensed Embalmer's Statement on Reverse Side)	5. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis H. Bopp, Inc. Kirkwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. Hyatt

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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 Felix Klusand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.