

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28122**

Jaylow
FILED **AUG 31 1953**
BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **242**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	c. LENGTH OF STAY (In this place) 7 Yrs	c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 Case Ave		e. STREET ADDRESS (If rural, give location) 301 Case Ave 02640	

3. NAME OF DECEASED (Type or Print) a. (First) Sylvester b. (Middle) Norbert c. (Last) Welschmeyer			4. DATE OF DEATH (Month) (Day) (Year) Aug 25, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1911	9. AGE (In years last birthday) 39	F UNDER 1 YEAR Months 6 Days 9	F UNDER 6 HRS. Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Body Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Freeburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Michael Welschmeyer		13b. MOTHER'S MAIDEN NAME Margaret Boehm		14. NAME OF HUSBAND OR WIFE Lena Hoffman	
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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) Yes War 2		16. SOCIAL SECURITY NO. 495-12-0063		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Hoffman		ADDRESS J. C. Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably due to DUE TO (c) arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH few hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			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)	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 **Aug 19 53** to **Aug 21 53**, that I last saw the deceased alive on **Aug 11 53**, and that death occurred at **11:45 P**, from the causes and on the date stated above.

23a. SIGNATURE Walter A. Dwyer M.D.		23b. ADDRESS Jefferson City		23c. DATE SIGNED 8-29-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Holy Family	24d. LOCATION (City, town, or county) (State) Freeburg, Mo.		
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DATE REC'D BY LOCAL REG. Aug 29-1953	REGISTRAR'S SIGNATURE R.P. Darris MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J. C. Mo.	
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SEP 17 1953
SEP 18 1953
SEP 24 1953
JAN 20 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Sylvester Dulle*
Licensed Embalmer No. *4371*
P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.