5. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1953

State File No. 34287

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8595

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (In this place) 84 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2209
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location) 2829 Rauschenbach

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) H.
c. (Last) WELLPOTT

4. DATE OF DEATH (Month) (Day) (Year) September 2 1953

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH August 21 1869

9. AGE (In years last birthday) 84 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President

10b. KIND OF BUSINESS OR INDUSTRY Wellpott Var. Co.

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles H. Wellpott

13b. MOTHER'S MAIDEN NAME Catherine Broeker

14. NAME OF HUSBAND OR WIFE Elsa Wellpott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsa Wellpott **ADDRESS** 2829 Rauschenbach

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: don't know.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Acute appendicitis with abscess and general peritonitis.

19a. DATE OF OPERATION 8-29-53

19b. MAJOR FINDINGS OF OPERATION Same as above. Acute appendicitis with abscess and general peritonitis

20. AUTOPSY? YES ☐ NO ☒

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) 550.1 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28-53, *19*____, *to* 9-2-53, *19*____, *that I last saw the deceased alive on* 9-2-53, *19*____, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter H. Spoeneman (Degree or title) MD

23b. ADDRESS 1515 St. Louis Avenue

23c. DATE SIGNED 9-3-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept. 5. 1953

24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. SEP 4 1953

REGISTRAR'S SIGNATURE J. Carl Smith MD

MJB

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Beiderwieden F.H.Inc. 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No. None

working under my personal supervision.

Student None
Signature of Student Embalmer

Signed Felix J. Krispi

Licensed Embalmer No. ~~37~~

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.