

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3413**  
Registrar's No. **0942**

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>ST Louis MO</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>21 3536 PAGE BL. 2219</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPHINE</b> b. (Middle) <b>M.</b> c. (Last) <b>WELLING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 27, 1954</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>4/22/1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR <b>9</b> Months	IF UNDER 1 YEAR <b>3</b> Days	IF UNDER 1 YEAR <b>5</b> Hours	IF UNDER 1 YEAR <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SELF.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST Louis MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRED WUSCHKE</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET PARRISAN</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN DEC.</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George Maynard</b>	ADDRESS <b>5330 Bessing</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>465X</b>
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22. I hereby certify that I attended the deceased from **1-16-54**, 19\_\_\_, to **1-27-54**, 19\_\_\_, that I last saw the deceased alive on **1-27-54**, 19\_\_\_, and that death occurred at **3:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward P. Flynn M.D.</b> (Degree or title)	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>1-28-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1/30/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VAHALLA</b>	24d. LOCATION (City, town, or county) (State) <b>ST Louis MO</b>
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DATE REC'D BY LOCAL REG. <b>JAN 29 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe A. Howard</b>	ADDRESS <b>1619 S BRAD BL.</b>
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**mgs** (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. Low*.....

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.