

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14238**

State File No. **3977**  
Registrar's No. **3977**

FILED MAY 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>70 Years</b>	c. CITY OR TOWN <b>St. Louis</b>	d. In 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 <b>4820a Kossuth Avenue, 15,</b>		e. STREET ADDRESS (If rural, give location) <b>4820a Kossuth Avenue, 15, 2010</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>AUGUST</b> b. (Middle) <b>H.</b> c. (Last) <b>WELHOELTER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 30th, 1954</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 2nd, 1872</b>
<b>9. AGE</b> (In years last birthday) <b>81</b>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Chemist</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Chemical</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Germany</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Louise Welhoelter nee Oltrogge</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Louise Welhoelter, 4820a Kossuth Avenue, 15</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
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.			
<b>19a. DATE OF OPERATION</b> <b>None</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>None</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.) <b>None</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>151 X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>None</b>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>None</b>	
<b>22. I hereby certify that I attended the deceased from 4:28, 1954, to 4:30, 1954, that I last saw the deceased alive on 4:29, 1954, and that death occurred at 7:45P. m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>M. Stachle M.D.</b>		<b>23b. ADDRESS</b> <b>7124 Natural Bridge</b>	<b>23c. DATE SIGNED</b> <b>5.3.54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>5/3/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Johns Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 3 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>CALVIN F. FEUTZ</b> <b>ADDRESS</b> <b>4828 Natural Bridge Blvd., FURNERAL HOME, INC., St. Louis, 15, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *John A. Miller*

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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.