

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11601**
Registrar's No. **2007**

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|--|--|---|------------------------------------|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | | |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo | | b. COUNTY | |
| b. CITY OR TOWN St Louis | | c. CITY OR TOWN St Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 5 yrs | | e. STREET ADDRESS (If rural, give location) 4925 Gresham | | 20270 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4925 Gresham | | 3. NAME OF DECEASED a. (First) George | | b. (Middle) H | |
| | | c. (Last) Welkener | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1956 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH May 18, 1889 | | 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR: Months Days | |
| IF UNDER 1 HR. Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor | | 10b. KIND OF BUSINESS OR INDUSTRY Paper Co. | |
| 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME John Welkener | | 13b. MOTHER'S MAIDEN NAME Anna Jansen | | 14. NAME OF HUSBAND OR WIFE Caroline Welkener | |
| 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. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Welkener 4925 Gresham | |
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) right DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.1 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | |
| 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? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:52 a.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Joseph M. Ziegenhein (Degree or title) | | 23b. ADDRESS 1300 Blair | | 23c. DATE SIGNED 2/27/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/28/56 | | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | |
| | | 24d. LOCATION (City, town, or county) (State) St Louis Mo | | | |
| DATE REC'D BY LOCAL REG. FEB 27 1956 | | REGISTRAR'S SIGNATURE J L Ziegenhein | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Berry*.....

Licensed Embalmer No. *41*

P. O. Address *7027 G*.....

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