

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22196**  
**5619**  
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <b>6114 Crescent</b>		2. USUAL RESIDENCE (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>46 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6114 Crescent</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frieda</b> b. (Middle) _____ c. (Last) <b>Wellman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 11 56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Sept. 25, 1909</b>
9. AGE (In years last birthday) <b>46</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Florist Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	13a. FATHER'S NAME <b>Frank Kun</b>	13b. MOTHER'S MAIDEN NAME <b>Frieda Hertenstein</b>	14. NAME OF HUSBAND OR WIFE <b>Marion E. Wellman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-05-3315</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert R. Ryther</b> ADDRESS <b>2607 California Ave</b>	
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) <b>Secondary carcinoma of brain</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma of lung</b> <b>18 months</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Rheumatic heart disease with aortic insufficiency</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>162x</b>
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 <b>1/15/55</b> , 19 <b>55</b> , to <b>6/11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5/4/56</b> , 19 <b>56</b> , and that death occurred at <b>8:58a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edwin S. Lipsitz, M.D.</b>		23b. ADDRESS <b>457 N. Kingshighway</b>	23c. DATE SIGNED <b>6/11/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>6-14-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 12 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshausner</b> ADDRESS <b>4228 S. Kingshighway Blvd</b>	

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

Hypertension said lung is primary

**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 *Richard W. Stevenson*

Licensed Embalmer No. *400*

P. O. Address .....

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.