

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39913**
Registrar's No. **10311**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 23 yrs		c. CITY OR TOWN Des Peres	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 12345 Manchester Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Theresa		b. (Middle)		c. (Last) Welp	
4. DATE OF DEATH November 11, 1956		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH September 18, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietitian		10b. KIND OF BUSINESS OR INDUSTRY Orphans Home		11. BIRTHPLACE (City and State or Foreign Country) Frohna, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry J. Welp		13b. MOTHER'S MAIDEN NAME Regina Twenhafel	
14. NAME OF HUSBAND OR WIFE		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 Theo. Schierbecker		ADDRESS 1217 Longdrive		ADDRESS (15)	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of the Lungs; Fracture of the Nose; Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO suffered in fall at Lutheran Home, St Louis County 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 October 31, 1956.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis County Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Oct 31 56 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E903-70	
22. I hereby certify that I attended the deceased from 1955 , to 1956 , that I last saw the deceased alive on 1955 , and that death occurred at 155 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Patrick J. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.			
DATE REC'D BY LOCAL REG. NOV 13 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		ADDRESS 1936 ST. LOUIS AVE.	

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 *Delis J. Kispin*

Licensed Embalmer No. *349*

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.