

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046994

STATE FILE NUMBER

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

11733

FILED JAN 5 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**Length of stay in 1b
20-hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes No c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Anthony Hospital**Inside Limits
Yes No d. STREET
ADDRESS **3506 Pestalozzi** (If outside, give location)Reside on Farm
Yes No 3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Otella**Welscher**

4. DATE

Month

Day

Year

OF
DEATH**Dec.****16,****1961**

5. SEX

Female

6. COLOR OR RACE

White7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

4/7/89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

Elder Mfg. Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Hugo Kronmueller

13b. MOTHER'S MAIDEN NAME

Pauline Zengler

14. NAME OF HUSBAND OR WIFE

Jacob Welscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Anthony H. Kronmueller-8517 Tara La.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of ribs - right; Coronary occlusion;Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

suffered in fall on ice on steps of home on or

DUE TO (c)

about December 15, 1961.INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**acute heart**PART III. If deceased was female was
there a pregnancy in last 90 days. Yes No Unknown19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT

SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above20c. TIME OF
INJURY ?

Hour

a.m.

Month, Day, Year

12-15-6120d. INJURY OCCURRED
WHILE AT WORK
NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)**16 Home (Steps)**

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from _____ to _____

Death occurred at _____

to _____

and last saw her _____

him alive on _____

m, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300. _____

22c. DATE SIGNED

DEC 16 196123a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

Dec. 20, 1961

23c. NAME OF CEMETERY OR CREMATORY

S.S. Peter & Paul Ceme.

23d. LOCATION (City, town, or county)

St. Louis,(State), **Missouri**

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

DEC 18 1961

26. REGISTRAR'S SIGNATURE

Lead Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 12 1962

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

Flannery M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, Mo.

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.