

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. No. 2909 a S. Compton St. Ward)

23259

File No.

Registered No. 6969

2. FULL NAME

Marie Welker

(a) Residence. No. 2909 a S. Compton St. 16 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female | white | widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-10-1845

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

82 | 4 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house work

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Valentine Schalk

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Katherine Thuermer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Louise Welker
2909 a S. Compton

15.

FILED

19

Aug - 2 1927 Max G. Starkeff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31st, 1927

17. I HEREBY CERTIFY, That I attended deceased from 5/25/27

....., 19....., to 7/31/27, 19.....
that I last saw him alive on 7/27/27, 19....., and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. myocarditis

CONTRIBUTORY (SECONDARY)

Chr. cholecystitis

(duration) 3 yrs. ? mos. ? da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

W. F. Kern, M. D.
28 W. O. Grand Ave, 1927 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Paul Churchyard 8-2-1927

20. UNDERTAKER

ADDRESS

Petty Bros. 3029 Lafayette

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 34

