

DEC 12 1938

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

37356  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008** Registered No. **9683**  
(c) City **St. Louis** (d) Street No. **Alexian Brothers Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William H. Welkener**

(a) Residence, No. **4322 Dewey** St. **15** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosa**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**75 9 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **retired**  
10. Date deceased last worked at this occupation (month and year) **City St. Louis** Total time (years, months, and days) **5 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Henry Welkener**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Charles Welkener 4322 Dewey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **Nov. 9, 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **John L. Ziegenhein & Sons 7027 Gravois Ave.**

20. FILED **11-9-38 J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **10-2**, 1938, to **7-6**, 1938

I last saw **ham** alive on **7-6**, 1938 Death is said

to have occurred on the date stated above, at **5:30 P.M.**

The principal cause of death and related causes of importance, were as follows:

**Hypostatic Pneumonia, congested** Date of onset **11-4-38**

Other contributory causes of importance:

**Senile Dementia** months  
**arterio-sclerosis** yrs

Name of operation..... Date of.....

What test confirmed diagnosis? **elmsc** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

(Signed) **Walter M. Jones**, M. D.

(Address) **3400 merajne**

N. 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.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Clarence P. Kidwell*

Licensed Embalmer No.....

*3877*

P. O. Address.....

*69379 Travis*

**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 this body is not embalmed, above space should be left blank.**