

Primary Registration District No. **1003**

SEP 25 1940 7 9 1

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3819 Federer Place **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George W. Welmering **456**

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex. male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Norma 6. (c) Age of husband or wife if alive. 42 years

7. Birth date of deceased June 6, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 25 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painting contractor

11. Industry or business

12. Name John L. Welmering

13. Birthplace Portland, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Trump

15. Birthplace Philipsburg, New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Welmering

(b) Address 7027 Gravois 3819 Federer Pl

17. (a) burial (b) Date thereof Aug. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John L. Ziegenhauer

(b) Address 7027 Gravois

19. (a) AUG 2 1940 (b) J. G. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3819 Federer Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 at 3:35 PM.
year 1940 hour 9:32 minute 35

21. I hereby certify that I attended the deceased from March 18
19 at Aug 1 19 40
that I last saw him alive on March 1 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis
Acute urefemia
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **X**

(b) Date of occurrence..... **X**

(c) Where did injury occur?..... **X**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **X**

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature William B. Kautz (M. D. or other)

Address 4300 Olive Date signed Aug 2

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.