

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 4

1. PLACE OF DEATH: Jefferson  
 (a) County Jefferson  
 (b) City or town Rural  
 (c) Name of hospital or institution St. Joseph's Hill Infirmery  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community 2  
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 50  
 (a) State Mo. (b) County Jefferson  
 (c) City or town Kimmswick Mo Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Near Breezy Heights  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Charles N. Weltin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Corine Weltin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 25 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business Retired

12. Name Charles F. Weltin

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

14. Maiden name Josephine Haur  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Weltin  
(b) Address 3224 Harper St. Louis

17. (a) burial (b) Date thereof Jan 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvaru Cem

18. (a) Signature of funeral director Dreherman  
(b) Address 1905 Union Blvd St. Louis

19. (a) Jan 27 1941 (b) Phil G. Kirk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 26  
 year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 26 1941  
June 1939 to Jan 26 1941  
 that I last saw him alive on Jan 25 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 937

Due to Chr. Myocarditis  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature W. H. H. H. H. H. (M.D. or other) 0  
Address Kimmswick Mo Date signed 1/27/41

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

MOTHER FATHER

10-17  
Professional  
10-17

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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 Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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, fact should be so stated above.**