

No. 2  
4-13-40  
5-17-39  
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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9063**  
**2473**  
Registrar's No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St. Louis.**  
(a) County **St. Louis, Mo.**  
(b) City or town  
(c) Name of hospital or institution: **City Infirmary. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **May 19, 1938.**  
In this community **38yrs.**  
years, months or days

3. (a) PRINT FULL NAME **Herman Welmsen**  
3. (b) If veteran, name war **Cannot say.** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced **Single**

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

7. Birth date of deceased **November 16, 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **2** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Germany. 4 Foreigner**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Gardener.**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Matney**

(b) Address **5800 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **3-19-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Huber & Kelly**

(b) Address **1416 W. Taylor Ave.**  
19. (a) **MAR 19 1941** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis.**  
(c) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **Foreigner.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March 13** Day \_\_\_\_\_  
year **1941** hour **8:00** minute \_\_\_\_\_ a. m.

21. I hereby certify that I attended the deceased from **May 19, 1938** to **March 13, 1941**  
that I last saw him alive on **March 13, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Generalized arteriosclerosis**

Due to \_\_\_\_\_

Other conditions **Branch pneumonia**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Coronary infarction, bronchopneumonia, arteriosclerosis**

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 **Robert E. Shank** (M. D. or other) \_\_\_\_\_  
Address **5600 Arsenal** Date signed **3/17/41**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_  
\_\_\_\_\_ *Myself* \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

*city license  
#143*

Signed: *Glen E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis 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 this body is not embalmed, fact should be so stated above.**