

FILED SEP 9 1943
Registration District No. 6046

Primary Registration District No. 6046

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

1. PLACE OF DEATH: *St. Charles*
(a) County: *St. Charles*
(b) City or town: *Wentzville Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1 Columbia*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: *1*
In this community: *Life 5/14/19* (Specify whether years, months or days)

3. (a) PRINT FULL NAME: *CLARA A Welker*
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: *M* 5. Color of race: *W* 6. (a) Single, widowed, married, divorced: *Married*
6. (b) Name of husband or wife: *George Welker* 6. (c) Age of husband or wife if alive: *54* years
7. Birth date of deceased: *July 28 - 1892*
(Month) (Day) (Year)

8. AGE: Years: *50* Months: *17* Days: _____ If less than one day: _____ hr. _____ min.

9. Birthplace: *Wentzville Mo*
(City, town, or county) (State or foreign country)
10. Usual occupation: *Home duties*

MOTHER FATHER
11. Industry or business: _____
12. Name: *William Johnson*
13. Birthplace: *Way, Mo*
(City, town, or county) (State or foreign country)
14. Maiden name: *Johnson*
15. Birthplace: *Howell Mo*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Geo Welker*
(b) Address: *Wentzville Mo*
17. (a) *Burial* (b) Date thereof: *Aug 17 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: *Wentzville Mo*
18. (a) Signature of funeral director: *J. E. Peterson*
(b) Address: *Wentzville Mo*
19. (a) *Aug. 19 1942* (b) *Irvin Rickman*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: *Mo* (b) County: *St Charles*
(c) City or town: *Wentzville*
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? *No.* (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: *Aug.* 20 14
year: *1943* hour: *11* minute: *10* M.
21. I hereby certify that I attended the deceased from *October*
1942 to *August* 1943
that I last saw her alive on *8/12* 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: *Coronary Thrombosis*
Due to: _____
Due to: _____
Other conditions: *gfa*
(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?
While at work? _____ (Specify type of place) (e) Means of injury: _____
23. Signature: *H. C. McIlwain* M. D. or other: *7/14/43*
Address: *Wentzville, Mo* Date signed: *5/15/43*

JUL 27 1953

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 P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzells 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.