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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31854

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1984

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Halls Ferry Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4549 Mc.Millan 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Caroline Welfenberg

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Robert C. Welfenberg
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 10 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	17	hr. min.

9. Birthplace Dont Know (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Henry Bornkessel
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Dont Know (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Robert Welfenberg
(b) Address 3962 Cottage Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- 29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) SEP 29 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) Cens

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1944 hour 5 minute 10 a M.

21. I hereby certify that I attended the deceased from June 16, 1943 to Sept 27, 1944
that I last saw her alive on Sept 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis — Duration

Due to —

Due to —

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

Major findings:
Of operations —
Of autopsy —

Gve

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) —
(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 N. I. Lavey (M. D. ~~or other~~)
Address 4932 - Maryland Date signed 9-27-44

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.