

FILED JAN 4 1945

Registration District No. 367Primary Registration District No. 4531Registrar's No. 29

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Warrenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution 12 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Joseph Wielms3. (b) If veteran, name war..... 3. (c) Social Security No. 489-18-19424. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Althea Jane Rattles 6. (c) Age of husband or wife if alive 32 years7. Birth date of deceased January 8, 1899
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
45 11 16 hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Henry Joseph Wielms13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Louisa B. Reiser15. Birthplace Jefferson County, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Althea Wielms(b) Address Warrenton, Mo.17. (a) Burial (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Truesdale, Mo.18. (a) Signature of funeral director J. W. Nieburg & Co.(b) Address Warrenton, Mo.19. (a) Dec. 28, 1944 (b) John A. Belcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
 (c) City or town Warrenton
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1944 hour 1:30 minute P. M.21. I hereby certify that I attended the deceased from on
December 24, 1944 to 19
that I last saw him alive on December 24 1944
and that death occurred on the date and hour stated above.Immediate cause of death Bilateral Pneumonia Duration 5 daysDue to Catarrhal Fever 2 weeksDue to 108Other conditions Chorea & Myocarditis 25 years
(Include pregnancy within 3 months of death)

Major findings: PHYSICIAN

Of operations..... Underline the cause to which death should be charged statistically.

Of autopsy.....

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 Leopold Schauer (M. D. or other) M. D.Address Warrenton Mo. Date signed 12/27/44

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

RECEIVED

District Health Officer No.

District File Number

Date Filed 1-3-45

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, John

Registered Apprentice No.

working under my personal supervision.

Signed

John Flieburg

Licensed Embalmer No. 38970

P. O. Address Warrenton, M.

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.

Registration District No. 362

Primary Registration District No. 4531

1. PLACE OF DEATH:

(a) County Waveren
(b) City or town Waveren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Harry J. Welmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Jan (Month) 8 (Day) 1945 (Year)

8. AGE: Years 45 Months 11 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Steward

11. Industry or business St. Paul's Nurseries

MOTHER FATHER

12. Name _____
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 _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Jan 6 1945 (b) John A. Babermeier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

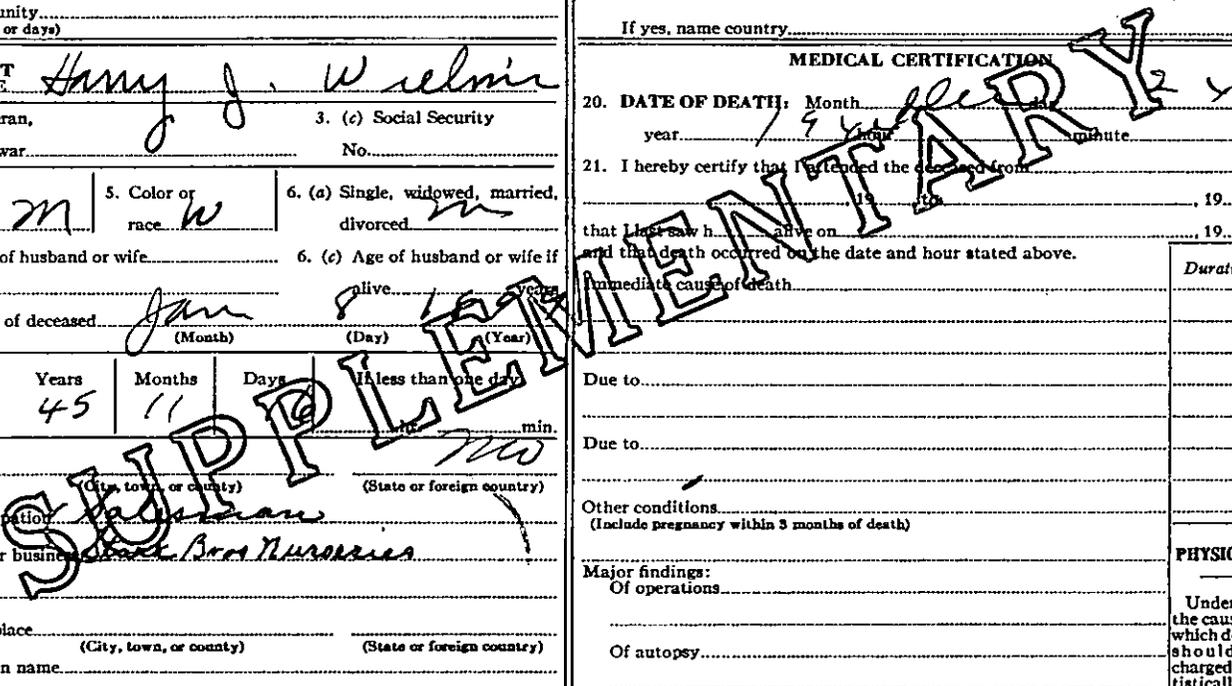
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



S-42335 1944