

S. No. 2  
M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14445

FILED MAY 6 1946

Registration District No. 37

Primary Registration District No. 6076

State File No. \_\_\_\_\_

Registrar's No. 932

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town MANCHESTER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: PINE CREST HOMES 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4/19/46 (Specify whether  
In this community 4/24/46 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Flat River 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WELLAND, HERMAN

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 6 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_  
12. Name Henry Welland  
13. Birthplace Unknown Holland 4 (City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Medcalf  
15. Birthplace Unknown Holland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Williams  
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof 4-27-46 (Month) (Day) (Year)  
(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) 4-27-46 (Date received local registrar) (b) E. M. Garrison M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1946 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 19th 1946 to April 24 1946  
that I last saw him alive on April 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 932

Due to \_\_\_\_\_  
Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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 5  
23. Signature R. N. Janssen (M. D. or Registrar) Address Manchester Mo Date signed 4/24/46

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

10445

JUL 24 1945

MAY 7 1945

YV

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 *John A. Algonoski*  
Licensed Embalmer No. *3398*

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.