

S. No. 2
M-5-43
v. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15310**
Registrar's No. **3090**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4758 Greer Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4758 Greer Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME VALENTINE WELZ

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Louise Welz
6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased February 4th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 00 1 28 hr. min.

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

10. Usual occupation Unknown

11. Industry or business.....

12. Name Valentine Welz

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

14. Maiden name Helen (unknown)

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

16. (a) Informant Mr. Hilmer Welz - Son,

(b) Address 4758 Greer Avenue,

17. (a) burial (b) Date thereof 4-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Undertakers
(b) Address 2849 North Euclid Avenue

19. (a) APR 2 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from
1-15-45 1945 to 4-1-46 1946
that I last saw h. alive on 4-1-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of larynx don't know.
Duration

Due to..... none

Due to.....

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

Major findings:.....
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

Address 1506 St. Louis Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

April 2, 1946.

Dr. Walter H. Spoeneman,
1506 St. Louis Ave.
between ~~10:00~~ P.M. today, Tues.

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.....

Robert P. Brinkman

Licensed Embalmer No. 3553

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.