

Registration District No. 318 Primary Registration District No. Registrar's No. 4366

1. PLACE OF DEATH:

(a) County  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 De Paul Hospital  
 (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)

3. (a) PRINT FULL NAME Robert H. Welz  
 3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased 7-13-1923 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 22 10 1 hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Veterans Administration

12. Name Hilmer L. Welz

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

14. Maiden name Julia O'Connor

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hilmer L. Welz

(b) Address 4758 Greer Ave.

17. (a) Burial (b) Date thereof 5-17-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers.

(b) Address 2849 North Euclid Ave.

19. (a) MAY 15 1946 (Date received local registrar) (Registrar's signature)

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 Ave. (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 9 A. M. minute 10 M.

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

Immediate cause of death Status Thymic lymphoma, Cyclophosphamide, Anesthesia while undergoing operation at DePaul Hospital for an inguinal hernia. Due to May 14 1946

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 122

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?

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

23. Signature (M. D. or other)

Address Date signed

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

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**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 L. Pinkman*

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.**