

FILED JUL 16 1946

77000-100 part the law 18  
death 24714

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 109

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town St Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community Life in St Charles Co  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Henry Welge

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M D 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Olinda Welge  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased: March, 6th, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 3 24  
hr. min.

9. Birthplace St Charles, Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Fritz Welge  
13. Birthplace St Charles,  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Welker  
15. Birthplace New Melle, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Olinda Welge  
(b) Address Augusta, Mo  
17. (a) Burial (b) Date thereof July 5, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Schluersburg, Mo

18. (a) Signature of funeral director Merlin Munday  
(b) Address Wentzville Mo  
19. (a) July 6-46 (b) Frank Flamer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1946 hour minute M.  
21. I hereby certify that I attended the deceased from June 25, 1946 to July 1, 1946  
that I last saw him alive on July 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia Duration 1 wk.  
Due to hypertension  
Due to hypertension & arterial sclerosis  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy 1310  
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 Kenneth A. Schmitz (M. D. or other) MD  
Address St Charles, Mo Date signed 7/5/46

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

284

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 7-11-46

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 Maurice Murching  
Licensed Embalmer No. 2461  
P. O. Address Wentzville

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.