

No. 2
1-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31661

FILED OCT 13 1947

Registration District No. 62

Primary Registration District No. 5595

Registrar's No. 30

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Maxville Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 76 YEARS

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CHARLE WELDELE

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 MARRIED
6. (b) Name of husband or wife CAROLINE WELDELE
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased MAY 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 26
If less than one day hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business RETIRED FARMER

12. Name LEOPOLD WELDELE

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

14. Maiden name UNKNOWN
(City, town, or county) (State or foreign country)

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

16. (a) Informant LEO WELDELE

(b) Address ARNOLD MO

17. (a) BURIAL (b) Date thereof OCT 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IMMACULATE CONCEPTION CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO R.R. 2

19. (a) OCT 6 47 (b) Phil Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14
year 1947 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from July 10 1947 to 10 3 1947

that I last saw him alive on 10-3-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Per Myocardial Infarction

Due to _____

Due to _____

Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 428

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 _____

23. Signature: P. Reich (M. D. or other) M.D.

Address: Kimmswick Mo Date signed: 10/6/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-10-47

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 Elmer Heiligtag
Licensed Embalmer No. 357
P. O. Address Hinmanwick PA

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.