No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32512

FILED OCT 29 1948

Registration District No. 146

Primary Registration District No. 3020

Registrar's No. 132

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 22 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles 92
(c) City or town Augusta Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WM C. WELTZEN
3. (b) If veteran, name war World War No 1
3. (c) Social Security No. 488-09-7489

4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha C. Weltzen
6. (c) Age of ~~husband or~~ wife if alive 47 years
7. Birth date of deceased Feb (Month) 1 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	8	19	hr. min.

9. Birthplace Ditmer Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Sand plant (Forman)
11. Industry or business
FATHER
12. Name Dietrich Weltzen
13. Birthplace U.S.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophie Rebenhardt
15. Birthplace German
(City, town, or county) (State or foreign country)
16. (a) Informant Mildred Dickherber
(b) Address Augusta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Memorial Park St Louis Mo
18. (a) Signature of funeral director Thilking & Mischang
(b) Address Augusta Mo
19. (a) Oct. 22, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 20 1948 day
year hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 3, 48
Oct 20, 1948 to , 19 ;
that I last saw ~~him~~ alive on Oct 20, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis	
Due to Silicosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

114 E

PHYSICIAN
Underline the cause of 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 [signature] Mo (M. D. or other)
Address Washington Mo Date signed 10/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer DEC 23 1948
Districts File Number OCT 28 1948
Date Filed DEC 10 1948
NOV 17 1948

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.

M. Murchey 2461
by O Thicking 3759

Signed _____

Licensed Embalmer No. _____

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.