

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25475

State File No. 6603

318

1003

| | | | | | | | |
|---|--|---|--|--|--|---|------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | 2019 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3873 Federer Pl.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3873 Federer Pl.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Theresa</u> | | b. (Middle) <u>B.</u> | | c. (Last) <u>Welmering</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1951</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 23, 1884</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| 13a. FATHER'S NAME <u>John E. Kenney</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Brennan</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John L. Welmering</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Schmelig 3873 Federer Pl.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 24, 1950</u> , to <u>July 23, 1951</u> , that I last saw the deceased alive on <u>July 23, 1951</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Joseph E. Conroy M.D.</u> | | | | 23b. ADDRESS <u>906 Olive</u> | | 23c. DATE SIGNED <u>7-24-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 26, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 24 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Linton</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros. 2201 So. Grand Blvd.</u> | | | |

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

Finney 12/1/19

mil

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O Yalmske
Licensed Embalmer No. 3917

P. O. Address St Louis

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.