

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 3 1953

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Inst.</u>			

3. NAME OF DECEASED (Type or Print) <u>Emma</u>	a. (First) <u>E</u>	b. (Middle)	c. (Last) <u>Welge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 30, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fritz Paul</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Finke</u>	14. NAME OF HUSBAND OR WIFE <u>August Welge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Welge</u>	ADDRESS <u>New Melle, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac compensation</u>		<u>11-28-52</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old myocarditis</u> <u>adobe</u> DUE TO (c) <u>general arteriosclerosis</u>		<u>6-23-52</u> <u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-23, 1952, to 12-14-52, 1952, that I last saw the deceased alive on 12-5, 1952, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. M. Marshall</u>	(Degree or title) <u>MRS</u>	23b. ADDRESS <u>Marshallville, Mo.</u>	23c. DATE SIGNED <u>12-16-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cappeln Evangelical</u>	24d. LOCATION (City; town, or county) (State) <u>Cappeln, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 20 1952</u>	REGISTRAR'S SIGNATURE <u>Martha P. Puff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Marchant</u>	ADDRESS <u>Wentville Mo</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Howard O. Kimber

Signed
Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo

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.