

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29304
Registrar's No. 7462

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 29304		Registrar's No. 7462		
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 township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>80 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>16 3440a Keokuk</u>		2169 0				
3. NAME OF DECEASED (Type or Print) <u>AMELIA</u>			a. (First)		b. (Middle)		c. (Last) <u>WELSEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 21, 1868</u>		9. AGE (In years last birthday) <u>85 yrs</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>High Hill, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Habenicht</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Mombert</u>			14. NAME OF HUSBAND OR WIFE <u>Harry J. Welsel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. & Mrs. George Woods, 3440a Keokuk St.</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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sen. Arteriosclerosis</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>							INTERVAL BETWEEN ONSET AND DEATH <u>yes.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>St. Louis, Mo.</u>						
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>4200</u>						
22. I hereby certify that I attended the deceased from <u>July 1954</u> to <u>Aug 10, 1954</u> , that I last saw the deceased alive on <u>Aug 10, 1954</u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>539 N. Grand</u>				23c. DATE SIGNED <u>8/11/54</u>		
24a. BURIAL, CREMATION, REPAIR (Specify) _____		24b. DATE <u>8-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>AUG 11 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>				

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

Dr. Wm. Weinsberg,
3606 Gravois,
Phone - 223 - 2909
Hours -

By Raymond A. Meyer
Funeral Director
Je 3-9184
We 2-915

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 _____

Licensed Embalmer No. 4520

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.