

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3330**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **139**

10023

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>	c. CITY OR TOWN <b>Normandy</b> 417 / 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA St. Louis Co. Hospt</b>		STREET ADDRESS (If rural, give location) <b>7631 Santa Monica</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>A</b>		c. (Last) <b>Wellenkamp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1/18/55</b>	
5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4/8/1878</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HOUR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Union, Missouri</b> 0		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Wellenkamp</b>		13b. MOTHER'S MAIDEN NAME <b>Unk</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Wellenkamp</b>	
---	--	--------------------------------------	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Alice Wellenkamp 7631 Santa Monica</b>	
--	--	---	--	---	--

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Unknown natural Causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>7955</b>	
------------------------	--	----------------------------------	--	--	--

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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Domke</b> (Degree or title) <b>Local Registrar</b>		23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>1/24/55</b>	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pacific Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Pacific Missouri</b>	
--	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>1/19/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>S.W. Clark 1125 Hodiamont Ave.</b>	
---	--	---	--	--	--

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 .....  
Signature of Student Embalmer

Signed *Alfred J. Boedecker* .....  
Licensed Embalmer No. *26*

P. O. Address *1125 Hog*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.