

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **35271**
Registrar's No. **8619**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI.	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 24 1325 Wyoming St.	

3. NAME OF DECEASED (Type or Print) GUS WELLE			4. DATE OF DEATH SEPT. 29, 1955		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb 28, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theatrical	10b. KIND OF BUSINESS OR INDUSTRY Theatrical	11. BIRTHPLACE (City and State or Foreign Country) Collinsville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wendlin Welle	13b. MOTHER'S MAIDEN NAME Helena Rauber	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 495-14-6756	17. INFORMANT'S SIGNATURE OR NAME Mrs Walter Herbst	ADDRESS
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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, asthma, 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) Carcinoma of Stomach metastatic to abdominal viscera</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151x	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 **9-22**, 19**55**, to **sept. 29**, 19**55**, that I last saw the deceased alive on **9-29**, 19**55**, and that death occurred at **11p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert E. Thomason M.D.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 9-30-55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 2, 1955	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Catholic	24d. LOCATION (City, town, or county) (State) Collinsville, Illinois
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DATE REC'D BY LOCAL REG. OCT 3--1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE Quince Herrick	ADDRESS Collinsville, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
COLLINSVILLE, ILL.

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.....
Licensed Embalmer No. 3577

P. O. Address..... Collinsville.

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.