

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

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		State File No. <b>35140</b>		Registrar's No. <b>243</b>			
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>				c. LENGTH OF STAY (in this place) <b>4 Dys</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hickory Grove</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) <b>C. A. Frederick</b>			b. (Middle) _____			c. (Last) <b>Welge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 17 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan 8 1863</b>		9. AGE (in years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>9</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Warren Co Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Henry Welge</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Welge</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alfred Welge</b> ADDRESS <b>Marthasville MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</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. <b>Uremia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, laboratory, street, office bldg., etc.) <b>None</b>		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? _____						21g. <b>493x</b>			
22. I hereby certify that I attended the deceased from <b>October 13, 1956</b> , to <b>October 17, 1956</b> , that I last saw the deceased alive on <b>October 17, 1956</b> , and that death occurred at <b>8:15 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Don A. Randall M.D.</b> (Degree or title)				23b. ADDRESS <b>207 N. 5th St. Charles, Mo.</b>				23c. DATE SIGNED <b>Oct 17 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 20 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cappeln Cemetery</b>		24d. LOCATION (City, town, or county) <b>Cappeln Missouri</b> (State) _____					
DATE REC'D BY LOCAL REG. <b>Oct 17 1956</b>		REGISTRAR'S SIGNATURE <b>Hannie Hamilton</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Nieburg, Furr &amp; Underhill</b> ADDRESS <b>Wright City MO</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, *of* by \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Julius J. Michur*  
.....  
Licensed Embalmer No. *3366*

P. O. Address *Wright City, 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.