MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017378

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4005

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	216		2
3			
4	1		
5	1		
6			
7	0		
8	1		
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10			
11			
12	65-0		
13			

65

BY AFFIDAVIT OF DOCUMENT

FILED APR 25 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3962 Keokuk — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HILDA Middle G Last WELLING
4. DATE OF DEATH: Month 4 Day 16 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1-3-1909
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Office Work
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Schweizer
13b. MOTHER'S MAIDEN NAME: Magdelena Kessler
14. NAME OF HUSBAND OR WIFE: Victor N Welling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Victor N Welling Address: 3962 Keokuk

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinomatosis Generalized	2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma right Breast	1958
DUE TO (c)	170 X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [✓] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/4 58 to 4/16/62 and last saw her alive on 4/15/62
Death occurred at 2-A*M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert H. Carson (Degree or title) M.D.
22b. ADDRESS: 4401 Hampton Ave.
22c. DATE SIGNED: 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: WINGBERMUEHLE ADDRESS: 3819 So Grand Blvd.
25. DATE RECD. BY LOCAL REG.: APR 17 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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 George J. Ringbermuehl

Licensed Embalmer No. 46 17

P. O. Address St Louis 18 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.