

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3271

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No.) St. (Ward)

File No. **F 897**
Registered No. **897**

2. FULL NAME *Robert K. Welten*

(a) Residence. No. *1752 Waverly Pl.* St. *13* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *3* yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *S*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 25, 1924.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>3</i>		<i>28</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *artist*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *mo.*

10. NAME OF FATHER *Frank J. Welten*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Pierce city*
(STATE OR COUNTRY) *mo.*

12. MAIDEN NAME OF MOTHER *Minnie Ansel*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Rushville*
(STATE OR COUNTRY) *Nebraska*

14. INFORMANT *Frank Welten*
(Address) *1752 Waverly Pl.*

15. FILED *25* 19*28* *Max b Starckoff*
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 28 1928*

17. I HEREBY CERTIFY That I attended deceased from *Jan 19 1928* to *Jan 23 1928* that I last saw him alive on *Jan 23 1928*, and that death occurred, on the date stated above, at *4:30 pm*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis & Acute endocarditis.

115A
91A (duration) yrs. mos. *17* da.
43 H Tonsillitis & Pharyngitis
CONTRIBUTORY (SECONDARY)
non nephritic (duration) yrs. mos. *71* da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. *0/109 B2*

DID AN OPERATION PRECEDE DEATH. *no* DATE OF *no*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) *Albert J. Griot* M. D.
, 19 (Address) *31078 Grand Blvd*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St Trinity* DATE OF BURIAL *Jan 25 1928*

20. UNDERTAKER *Theo H. Bidowidow* ADDRESS *1436 St Louis Wm*

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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