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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township Central
City Clayton
Registration District No. 790
Primary Registration District No. 6033a
(No. St Louis Co Hospt St. Ward)

File No. 18040
Registered No. 175

2. FULL NAME Joe Wells
(a) Residence, No. 2816 Angelo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1883

7. AGE: YEARS 51 | MONTHS — | DAYS 13 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House mover
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) May 1-34
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Eliz Wells 2816 Angelo Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Val Halla Cem DATE June 1, 1934

19. UNDERTAKER (ADDRESS) Baumann Bros Inc 2604 Woodson Rd.

20. FILED May 31, 1934 Robt. J. Ambrustu Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1934, to 5-30, 1934
I last saw him alive on 5-30-34, 19..... Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lentic Aortitis | 12-33 |
| Chronic Valvular Heart Dis. | |
| Hypertension | |
| Myocardial Insuff | |

Other contributory causes of importance:
Pos. Coronary Thrombosis
34
92B
94B

Name of operation No Date of
What test confirmed diagnosis? Chiefly Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Casagrande M. D.
(Address) St. Louis Co Hosp.

N. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 26 1934

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