

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 13 1935

14633

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS, Mo.

Registration District No. 791
Primary Registration District No. 1002

File No.....
Registered No. 3468

2. FULL NAME

Theodore Wells

(No. ST. LOUIS CHILDREN'S HOSPITAL St. Ward)
300 S. KINGSHIGHWAY

(a) Residence, No. PROSPECT HILL, ST. LOUIS, Mo. Ward.
(Usual place of abode) R.R. # 15 Box 241

Length of residence in city or town where death occurred yrs. 11 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1934

7. AGE YEARS 0 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, Mo. (STATE OR COUNTRY)

MOTHER 13. NAME James Wells

14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME Obelia Bowden

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) St. Louis County Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Wynnwood DATE April 17th 1935

19. UNDERTAKER (ADDRESS) Charles G. Balle
4107 Grandview Avenue

20. FILED APR 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-14-35 (3:00 pm) to 4-14-35 (6:45 pm), 19.....
I last saw h. l. m. alive on 4-14-35 (6:45 pm), 19..... Death is said to have occurred on the date stated above, at 6:45 pm.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 4-7-35

Other contributory causes of importance:

Pericarditis

Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no
If so, specify.....

(Signed) J. C. Jaudon M. D.
(Address) St. Louis Ch. Hoops

