MAY 13 1935

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

Do not use this space.

14777

File No.

Registered No. 3627

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Infirmary St. Ward)

2. FULL NAME Frances Wells

(a) Residence, No. 5800 Arsenal St. St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Unknown~~ 1856

7. AGE: Abt 79 YEARS; ~~Unknown~~ MONTHS; ~~Unknown~~ DAYS; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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) (STATE OR COUNTRY): X Germany

FATHER

13. NAME: Nick Waterle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X Germany

MOTHER

15. MAIDEN NAME: Louisa Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X Germany

17. INFORMANT (ADDRESS): J. G. Buchholz, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: PLACE St. Matthews DATE 4-22 1935

19. UNDERTAKER (ADDRESS): N. C. Mondell, 1956 Allen Av.

20. FILED APR 22 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1933, to Apr 20, 1935

I last saw h. alive on Apr 20, 1935. Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

930

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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) John Eichenbrenner, M. D.

(Address) City Infirmary

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.

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

100M-11-32-33