

76  
JUL 31 1937

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

Do not use this space.

24855

1. PLACE OF DEATH

County St. Louis <sup>2</sup>

Registration District No. 789

Township Central

Primary Registration District No. 6033

City Pine Lawn

(No. 2115 Louise Wells)

File No. \_\_\_\_\_  
Registered No. 171  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josia Wells

(a) Residence, No. 2115 Louise Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Wells.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1867.

7. AGE YEARS 70 MONTHS 2 DAYS 8 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. at home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Ray County, Missouri.  
(STATE OR COUNTRY)

13. NAME John Rothert.

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

15. MAIDEN NAME Rebecca Alexander.

16. BIRTHPLACE (CITY OR TOWN) Virginia.  
(STATE OR COUNTRY)

17. INFORMANT Miss Maple Crocker  
(ADDRESS) 2115 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Salem, Ill DATE June 28, 1937

19. UNDERTAKER Geo. L. Pleitich, Inc.  
(ADDRESS) 5966 Gentry Ave

20. FILED 6-25-37 W. B. Bachner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1937, to June 25, 1937

I last saw h. alive on June 23, 1937. Death is said to have occurred on the date stated above, at 5:25 A.M.

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

Myocarditis (Chronic)

Date of onset 1935

Other contributory causes of importance:

Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. E. Jones, M. D.

(Address) 2500 Clair St.

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.

W. H. ...  
Linton Bldg  
3 to 4  
Rose Dale 2866