

NOV 15 1937

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

791  
1003

35792  
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **Saint Louis** (d) Street No. **2601** N Whittier St.  
 (e) Length of residence in city or town where death occurred **Life** (If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Venita Wells**  
 (a) Residence, No. **1608 Biddle** St. **25** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **----**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **-----**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 20, 1937**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**7 14**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **----**  
 9. Industry or business in which work was done, as 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) **Missouri**

FATHER 13. NAME **Joe Wells**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

MOTHER 15. MAIDEN NAME **Ernestine Seates**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cem.** DATE **10/7/37**

19. FUNERAL DIRECTOR **S. Wade Und. Co.** (ADDRESS) **1209 Finney Ave**

20. FILED **OCT 7 1937** **J. Prideck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 4** 19 **37**  
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 23**, 19**37**, to **Oct. 4**, 19**37**  
 I last saw her alive on **Oct. 4**, 19**37**. Death is said to have occurred on the date stated above, at **11 a. m.**  
 The principal cause of death and related causes of importance were as follows:

**Broncho-pneumonia Primary** Date of onset **9/23/37**

Other contributory causes of importance: **107a**

Name of operation ..... 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 **Domestic household** M. D.  
 (Signed) **Domestic household** (Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, S J Swatson, Licensed Embalmer No. 269A

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed S J Swatson  
Licensed Embalmer No. 269A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)