

REC'D JUL 12 1938

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

20660
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City (d) Street No. **2622A ST. LOUIS AVE**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **HENRY WELLMAN**

(a) Residence, No. **2622A ST. LOUIS AVE** St. **20**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 LOTTIE WELLMAN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 25, 1862		
7. AGE 76	YEARS	MONTHS 0
		DAYS 2
		If LESS than 1 day, hrs. or min.
OCCUPATION	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. TILESETTER	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.	
	13. NAME JOHN WELLMAN	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN	
	15. MAIDEN NAME UNKNOWN	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN		
17. INFORMANT LOTTIE WELLMAN (ADDRESS) 2622A ST. LOUIS AVE		
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETER'S CEM. DATE JUNE 30, 1938		
19. FUNERAL DIRECTOR Goodrich & Goodrich (ADDRESS) 2328 St. Louis ave		
20. FILED JUN 28 1938 J. B. Budeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 1, 1938** to **June 27, 1938**
I last saw him alive on **June 27, 1938** Death is said to have occurred on the date stated above, at **3 P.** m.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Gen. arteriosclerosis

Other contributory causes of importance:
Gen. arteriosclerosis

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?

If so, specify
(Signed) **A. R. Remy**, M. D.
(Address) **2342 Botetwin**

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.

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

..... L. E. No. or by Registered Apprentice No.
working under my personal supervision.

Signed Charles Goodhart
Licensed Embalmer No. 2777

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.)