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.

REC'D OCT 14 1939

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

Registration District No. 791
Primary Registration District No. 1003

30733
Do not use this space.

Registered No. 7796

1. PLACE OF DEATH

(a) County 2
(b) Township
(c) City St. Louis, Mo 1 (d) Street No. 5351 Delmar Blvd. St.
(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 1 yrs. 9 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 428 John B. Wells

(a) Residence, No. 5351 Delmar Blvd. St. 12
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired Farmer
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) Terra Hut, Missouri

FATHER

13. NAME Elijah Wells 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER

15. MAIDEN NAME Frances Beaty 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Wilmoth Waller
(ADDRESS) 5351 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newtown, Mo. DATE Sept 11, 1939

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED SEP 9 1939 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 37, 19..., to Sept. 8, 1939, 19...
I last saw him alive on Sept. 7, 39, 19... Death is said to have occurred on the date stated above, at 6.00A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	1 yr.
Other contributory causes of importance:	
Chr. Interstitial Nephritis	2 yrs

Name of operation ---------- Date of ---
What test confirmed diagnosis? Phy. Ex. 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? No.
If so, specify
(Signed) Palmer Lemons M. D.
(Address) 508 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1122

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.)