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FILED MAY 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13666

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3868

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") 25

(d) Street No. 1447 North 14th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Wells 420

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 2, 1888 1889 (Month) (Day) (Year)

8. AGE: Years 51 ~~XXX~~ Months 10 ~~XXX~~ Days 5 ~~XXXX~~ If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Nil. 1

11. Industry or business Nil.

FATHER
12. Name ~~Unknown~~ BIRL O. WELLS. 1
13. Birthplace (City, town, or county) Illinois ~~Unknown~~ (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ MALINDA J. MARLER
15. Birthplace (City, town, or county) Illinois ~~Unknown~~ (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 4/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation [illegible]

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) APR 30 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7, year 1940 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from April 4, 1940, to April 7, 1940; that I last saw him alive on April 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844 (Specify type of place)

While at work? (e) Means of injury

23. Signature V. E. Friedewald (M. D. or other)

Address 1515 Lafayette, Date 4/18/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.