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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34164**

Registration District No. **16950791**

Primary Registration District No. **1003**

Registrar's No. **8861**

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

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Lutheran Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
 In this community **40 yrs.**  
 years, months or days

**3. (a) PRINT FULL NAME** **Joseph (Lin) Wells**

**3. (b) If veteran, name war** **None**

**3. (c) Social Security No.** **None**

**4. Sex** **Male**

**5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Mary Wells**

**6. (c) Age of husband or wife if alive** **79** years

**7. Birth date of deceased** **December 12 1862**  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>72</b>	<b>10</b>	<b>13</b>	hr. min.

**9. Birthplace** **Baltimore Maryland**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Cradle Tender Retired**

**11. Industry or business** **Mo. Pac. R.R.**

**MOTHER FATHER**

**12. Name** **Joseph Wells**

**18. Birthplace** **Baltimore Maryland**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Ellen Benson**

**15. Birthplace** **Baltimore Maryland**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mary Wells**

**(b) Address** **8405 S. Broadway**

**17. (a) Burial** (Burial, cremation, or removal)

**(b) Date thereof** **Oct. 28-40**  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** **Hercalancum Cemetery**

**18. (a) Signature of funeral director** **C. Hoffmeister M.D.C.**

**(b) Address** **7814 S. Broadway**

**19. (a) OCT 28 1940** (Date received local health officer)

**(b)** **J. B. Buehler** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....

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

(d) Street No. **8405 S. Broadway**  
 (If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **25**  
 year **1940** hour **5** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from** **April 15, 1940**, to **Oct 25, 1940**  
 that I last saw him alive on **Oct. 25, 1940**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Coronary artery disease**  
**arterial Sclerosis**  
**hypertension with cholelithiasis**  
**cardiac arrhythmia**

**Due to** **arterial Sclerosis** **2 yrs**

**Due to** **hypertension with cholelithiasis** **1 yr**

**Other conditions** **cardiac arrhythmia** **2 yrs**  
 (Include pregnancy within 5 months of death)

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**Major findings:**

Of operation **[Signature]**

Of autopsy **[Signature]**

**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?

**23. Signature** **George A. Sullivan** (M.D. or other)

**Address** **421 W. Schuyler**

Pr 5407

**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 Linus C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S Broad

**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.**