

FILLED APR 21 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 1003

8918 006  
Do not use this space.

791

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. \_\_\_\_\_  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 2328  
(c) City St. Louis, Mo. (d) Street No. 0 Peoples Hospital  
(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 4 yrs. 1 mos. 1 ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. PRINT FULL NAME ORVAN WELLS Attending Physician  
(a) Residence, No. FESTUS, MO. St. 110  
(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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 8<sup>TH</sup> 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ hrs. or _____ min.
	<u>30</u>	<u>6</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NOT

9. Industry or business in which work was done, as saw mill, bank, etc. EMPLOYED

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) SILICA MO.

FATHER

13. NAME TOM WELLS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME CARA HENDRICKS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Owen Wells, Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE March 17, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Georgy P. Palitte, Crystal City, Mo.

20. FILED MAR 14 1941 J. H. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:43 A.M.

The principal cause of death and related causes of importance were as follows:

Bullet Wounds fired from Pistol in the Back of one Peter Smith (d.) about 400 yds March 14, 1941, Commenced

Other contributory causes of importance: Gunshot fracture of skull extensive subdural hemorrhage, Gunshot wound

Name of operation of right shoulder

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? Homicide Date of injury 3/14, 1941

Where did injury occur? Festus, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury \_\_\_\_\_ Nature of injury Gun Shot Wounds

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Alfred Perry (Address) 1300 Clark

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 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 Frederic R. Palitte .....

Licensed Embalmer No. 3481 .....

P. O. Address Crystal City, Mo .....

**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.**