

FILED AUG 28 1941
791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(c) Name of hospital or institution:
3531a Humphrey St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Kate Wells
8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Wells 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>14</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER { 12. Name James Murphy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Jonaha Ryan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael J. Murphy
(b) Address 3531a Humphrey

17. (a) Burial (b) Date thereof 7-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Southern Funeral Home
6322 S. Grand Blvd.
(b) Address _____

19. (a) JUL 1 1941 (b) J. J. Bradley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3531a Humphrey St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 29th
year 1941 hour 7 minute 30 p. m.

21. I hereby certify that I attended the deceased from March
1939 to June 29, 1941;
that I last saw her alive on June 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Thrombosis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO

(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?
While at work _____ Means of injury _____

23. Signature Joseph E. Lane (M.D. or other) 0720
Address 575 7th St. Bldg Date signed 7-1-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Cairney
Funeral Home
no 0198
8:30 to 2 P.M

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

Vincent L. Berryman

Licensed Embalmer No.

4018

P. O. Address

St. Louis 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.