No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33088
Registrar's No. 8042

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: Homer G Phillips Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks 2 Days (Specify whether years, months or days)
In this community 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009 19 9 0 11
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3127 A Magazine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HENRY M WELLS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 17 (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
24	11		hr. min.

9. Birthplace Schlester (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business
MOTHER FATHER
12. Name Willie Wells
13. Birthplace Demopolis (City, town, or county) Ala (State or foreign country)
14. Maiden name Mattie Mathews
15. Birthplace Jackson (City, town, or county) Miss (State or foreign country)
16. (a) Informant Mattie Wells
(b) Address 3127 A Magazine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A D Rochardson
(b) Address 2625 Gravois
19. (a) OCT 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1941 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia (Duration)
Cerebral Hemorrhage; Ether Anesthesia, during operation
Due to Left Ischiorectal Abscess
Due to Injuries received in Drive Shaft
Due to 1133a Washington Ave
about 2:50 PM Aug 26 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1108
Of autopsy 11 210

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) Accident
(b) Date of occurrence Aug 26 1941
(c) Where did injury occur? St Louis (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry (Specify type of place)
While at work? Yes (e) Means of injury Explosion
23. Signature Albert Kerr (M.D. or other)
Address Medical Examiner Date signed 10 8 41

(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 C. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.