

FILED APR 13 1942 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2734

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:
2407 Hadley St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26 moo

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

(d) Street No. 2407 Hadley St.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John E. Wells

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1942 hour 1 minute 45 P.

3. (b) If veteran, name war No. 3. (c) Social Security No. 498-03-6536

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.

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

Immediate cause of death.....
Cerebral Occlusion; left Acute Alcoholism

6. (b) Name of husband or wife Lucille Wells. 6. (c) Age of husband or wife if alive 46 years

Due to.....
94 a
94 b
94 c

7. Birth date of deceased November 27 1894
(Month) (Day) (Year)

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

Major findings:
Of operations.....

Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>29</u> hr. min.

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?.....

9. Birthplace Owensboro, Kentucky.
(City, town, or county) (State or foreign country)

While at work?.....
(Specify type of place)

23. Signature Alfred Perry M. D. or other).....
Address Date signed 3/27/42

10. Usual occupation Tool Maker.

11. Industry or business Busch Seltzer Diesel Eng

12. Name Joseph W. Wells.

13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Sherdan.

15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mall V. Wells.
(b) Address 2407 Hadley St.

17. (a) Burial (b) Date thereof 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensboro, Kentucky.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 27 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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, fact should be so stated above.