

Registration District No. 11

Primary Registration District No. 1003

Registrar's No. 000

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:
2211 1/2 Menard 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 _____
(Specify whether years, months or days)

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. 2211 1/2 Menard St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Wellman (Elbert Powers)

3. (b) If veteran, name war World 3. (c) Social Security No. 499 03 4884

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

6. (b) Name of husband or wife Laura Wellman 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov 30, 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace Oblong Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation WPA

11. Industry or business _____

12. Name William Wellman

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

14. Maiden name Anna Carter

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

16. (a) Informant Mrs. Laura Wellman

(b) Address 2211 1/2 Menard

17. (a) Removal RR. (b) Date thereof AUG 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oblong, Illinois
Weick Bros. Und. Co.

18. (a) Signature of funeral director _____

(b) Address 2201 S. Grand Bl

19. (a) AUG 11 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
 year 1942 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from 8-4-42 1942 to 8-7-42 1942
 that I last saw him alive on 8-7-42 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) _____

(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 J. F. Bredeck (M.D. or other) MD

Address 2211 1/2 Menard Date signed 8-8-42

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

MOTHER FATHER

B

6753
AUG 28 1942

6753

AUG 28 1942

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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.