

**FILED FEB 18 1943**

Registration District No. 18 1943 S  
Primary Registration District No. 1003

Registrar's No. 1286

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

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town..... S. t. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Park Lane Hospital  
(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..... Mo. (b) County..... Dent

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

(d) Street No..... (If rural, give location)

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

**3. (a) PRINT FULL NAME** Minnie Myrtle Wells

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

6. (b) Name of husband or wife..... Marion Wells 6. (c) Age of husband or wife if alive..... 75 years

7. Birth date of deceased..... July 31-1878  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... Feb day..... 6 year..... 1943 hour..... 12:30 minute..... P. M.

21. I hereby certify that I attended the deceased from 1-27-43, 19....., to 2-6-43, 19.....; that I last saw h. ex. alive on 2-6-43, 19.....; and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>6</u>	..... hr. .... min.

Immediate cause of death..... Empyema of gall bladder.

Due to.....

Due to.....

9. Birthplace..... Vernon County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... David Snyder

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

14. Maiden name..... Jane Paine

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

Other conditions..... 12/1  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Cecil Wells  
(b) Address..... 4141 Blaine Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 2/6/43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Salem, Mo.

18. (a) Signature of funeral director..... Albert H. Hoppe Inc.  
(b) Address..... 4700 Washington Blvd.

19. (a) FEB 9 1943 (Date received local registration) (b) J. F. Bredich (Registrar's signature)

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?..... (Specify type of place) (e) Means of injury.....

23. Signature..... J. F. Bredich (M.D. or other) M.D.  
Address..... 4930 Lindell, St. Louis, Mo. (City or town) (State) 2-6-43

1286

1286

---

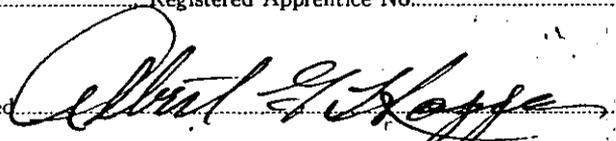
---

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....  


Licensed Embalmer No.....

P. O. Address.....

2971

**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.**