

FILED DEC 9 1944
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10230

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:
residence-25 Westmoreland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life time
years, months or days

3. (a) PRINT FULL NAME ROLLA WELLS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Jane Parker Wells 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 1 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Retired: Gov. Federal

11. Industry or business Bank etc.,

12. Name Erastus Wells
13. Birthplace unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Isabella Henry
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Erastus Wells.
(b) Address 25 Westmoreland Plc.,

17. (a) burial (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) NOV 30 1944 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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. 25 Westmoreland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1944 hour 3 minute 3 A. M.

21. I hereby certify that I attended the deceased from June 1942 to Nov 30 1944
that I last saw him alive on Nov 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 days

Due to Arterio sclerosis and hypertensive cardio renal disease 10 years

Other conditions (Include pregnancy within 3 months of death) 1/31

Major findings: Of operations _____

Of autopsy _____

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

23. Signature: Walter Fisher (M. D. or other) _____

Address 3720 Washington Date signed 11-30-44

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

MOTHER FATHER

2-14 PM

Dr. Walter Fischel.
3720 Washington.
JE: 8498

DEC 18 1944

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 Clarence A. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.