

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **19035**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4811**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2820 Union Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Minnie Belle Wells

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry E. Wells 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased February 16 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Self

12. Name Amos Keene

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

14. Maiden name Unknown Cunningham

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

16. (a) Informant Steele D. Sore
(b) Address 2820 Union Blvd

17. (a) Burial (b) Date thereof May 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Valhalla Cemetery

18. (a) Signature of funeral director Benjamin Nicklaus
(b) Address 1431 Union Blvd.

19. (a) MAY 29 1946 (b) J. P. Burman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2820 Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1946 hour 8 minute 20 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Crowning Thrombosis

Due to 9/10

Other conditions (Include pregnancy within 3 months of death)

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? _____

(Specify type of place) While at work? _____ (a) Means of injury _____

23. Signature W. H. H. H. (M. D. or other) 3
Address St. Louis Date signed 5/29/46

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

R. E. Campbell

Licensed Embalmer No. *3881*

P. O. Address

20 Davis 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.