. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29197

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6849

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Owen Wells

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 25 (Day) 1907 (Year)

8. AGE: Years 39 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Tom Wells
13. Birthplace Biloxi (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Cora Hendricks
15. Birthplace Rushtower (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jenella Weatherspoon
(b) Address 4562 Newberry Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Missouri

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

19. (a) AUG 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1946 hour 8 minute 25 A.M.

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.

Immediate cause of death Fracture Skull, Subdural Hemorrhage of Brain when he was found lying on the North side of the Frisco Railroad track a quarter mile north of Festus Mo. about 6.20 AM Aug 4 1946

Duration

Due to

Other conditions Cause and manner
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same could not be determined

Of autopsy 169 8 40

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) Open Verdict

(b) Date of occurrence Aug 4 1946

(c) Where did injury occur? Festus Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. right of Way (Specify type of place)

While at work? no (e) Means of injury Carbon

23. Signature Dr. Alfred J. Terry (M.D. or other) 3

Address Dep. Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3575

P. O. Address.....

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.