No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15781
3700

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

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. 8 So. Channing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas R. Wells
3. (b) If veteran, name war
3. (c) Social Security No. 702-12-4804

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Wells
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Aug. (Month) 21 (Day) 1897 (Year)

8. AGE: Years 49 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Belgoni (City, town, or county) Miss (State or foreign country)
10. Usual occupation Car Washer
11. Industry or business

MOTHER FATHER
12. Name Caleb Wells
13. Birthplace Ga. (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Jackson
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Wells
(b) Address 8 So. Channing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros. Inc.
(b) Address 3644 Gravois Ave.
19. (a) APR 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 6 year 1947 hour 8 minute 15 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.

Duration

Immediate cause of death Coronary Thrombosis of Left Ventricle of heart
Due to Shock following operation for Wound of Left Side of Chest
Due to Slipped Backward out of bed hole on platform while
Due to Walking the Long Walking Road
Due to removal of the purpose of having painted and
Other conditions (Include pregnancy within 3 months of death) found 9:30 A.M. April 22 1947 at the home
Major findings: Cleaners and Company 2606 Scott Ave.
Of autops:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 31 1947
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)
(e) While at work? (f) Means of injury Collapse
23. Signature Alfred Berg (M. D. or other)
Address Clayton Mo. Date signed 4/7/47

Jefferson City Printing Co.
(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2-931 Lucas, Ark.

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.