S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40318

Registrar's No. 10188

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: ~~Barnes B. Hosp.~~ Homer Phillips Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1212a Armstrong (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME CHARLEY WELLS Jr.
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mell Wells
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased June (Month) 27 (Day) 1916 (Year)

8. AGE: Years 31 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Arkansas City (City, town, or county) Ark. (State or foreign country) 1
10. Usual occupation Hilo operator 1
11. Industry or business Vet. Adm. Center

FATHER
12. Name Charley Wells 9
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Barnes
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant Mell Wells 1
(b) Address 1212a Armstrong
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney
19. (a) NOV 14 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1947 hour 9 minute 28 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: Shot Deep Wound of Heart and lungs Lung collapsed on the hemothorax Alleged homicide when the deceased forced the door into the house 2:19 P.M. Hickory Nov. 8, 1947 Autopsy 9:30 P.M. Nov. 8, 1947

Duration

Other conditions (Include pregnancy within 3 months of death) 160

Major findings:
Of operations
Of autopsy

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) Gunshot Homicide
(b) Date of occurrence 11/8/47
(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? Alt. Home of Jones. (Specify type of place)
While at work? (e) Means of injury Gun 3
23. Signature Patrick E. Day (M. D. or Coroner)
Address 1300 Clark Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1947

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 John Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney

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.