

FILED JUN 21 1948
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **3009 Arlington ave**
(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 **Mo** (b) County.....
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3009 Arlington ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Lucy Jane Wells**
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Oct 5 1899**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **2** If less than one day
..... hr. min

9. Birthplace **Deloge Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **H.W.**

11. Industry or business.....

12. Name **Joseph Forshee**

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

14. Maiden name **Nancy Yatley**

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

16. (a) Informant **Mrs Opal Zichler**

(b) Address **3009 Arlington ave**

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

(c) Place: burial or cremation **Lakewood Park**

18. (a) Signature of funeral director **Central Und Co**

(b) Address **1841 Cass ave**

19. (a) **JUN 8 1948** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **7**
year **1948** hour **4** minute **25** A.M.
21. I hereby certify that I attended the deceased from **May 3rd**, 1948 to **June 7**, 1948;
that I last saw him alive on **June 7**, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Senility
Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?..... (e) Means of injury.....

23. Signature *[Signature]* (M. D. or other)
Address **2745 N Grand Bl** Date signed **6-7-48**

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

MOTHER FATHER

WRITE PLAINLY—USING UNWRITTEN

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 _____

Elmo R. Cadwell

Licensed Embalmer No. 4077

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.