

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Curg M. Wells
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Anna Wells 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 30, 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 13
If less than one day hr. min.

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

10. Usual occupation Retired contractor

11. Industry or business.....

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold MacCarthy,

(b) Address 625 Skinker Blvd.

17. (a) Burial (b) Date thereof 12/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
Craig Mortuary.

18. (a) Signature of funeral director.....
(b) Address 4700 Washington-8

19. (a) DEC 14 1948 (b) J. B. L...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 S. Grand 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 Dec. day 13
year 1948 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Apr. 1946 to Dec 13, 1948
that I last saw him alive on Dec 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Hypertension
General Arteriosclerosis
Senility
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
- Of operations.....
Of autopsy.....
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Edward J. Albin (M. D. or other) MD
Address 3903 S. Olive Date signed 12-13-48

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 Elmer B. Cadwell
Licensed Embalmer No. 4077
P. O. Address St. Louis 8 -

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. 7