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

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22028

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1324

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8837 Powell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
d. STREET ADDRESS (If rural, give location): 8837 Powell

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle):
c. (Last): WELLS

4. DATE OF DEATH (Month) May (Day) 30 (Year) '49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 17, 1865
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 4 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: James Hamilton
13b. MOTHER'S MAIDEN NAME: Caroline Abekk
14. NAME OF HUSBAND OR WIFE: George F. Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. R. Ecoff. ADDRESS: 8837 Powell Brentwood MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 6 months
DUE TO (c) Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Decubitus Ulcers — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X 83A
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/30/49/8 37 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946, *to* 30 May, 1949, *that I last saw the deceased alive on* 30 May, 1949, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E L McCall M.D.
23b. ADDRESS: Brentwood Mo.
23c. DATE SIGNED: 31 May '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/49
24c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 6-1-49
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.B. Smith 7456 Manchester Rd. Maplewood Mo.

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed _____
Student Embalmer

Signed H E Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

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.