

No. 300
10-48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10780
3009

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1011 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ No. _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 5 yrs.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Infirmary
d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.

3. NAME OF DECEASED
a. (First) Howard b. (Middle) _____ c. (Last) Wells
4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower ✓
8. DATE OF BIRTH 1-6-1873 9. AGE (In years last birthday) 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Kimmswick, Mo. 0
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Uel Solomon Wells 13b. MOTHER'S MAIDEN NAME Sarah Mosna Bequet 14. NAME OF HUSBAND OR WIFE Sophia Weist

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 ADDRESS City Infirmary Records, 5800 Arsenal St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 20+ years
ANTECEDENT CAUSES Old C.V.A.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4/21/51

22. I hereby certify that I attended the deceased from 9-1-50, 19____, to 3-28-51, 19____, that I last saw the deceased alive on 3-28-51, 19____, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE George M. Jundt, M.D. (Degree or title) 23b. ADDRESS 5600 Arsenal St. 23c. DATE SIGNED 3-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APRIL 6 1951 24c. NAME OF CEMETERY OR CREMATORY RICHARDSON CEMETERY BECK MO. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. MAR 3 1951 REGISTRAR'S SIGNATURE J. B. Farster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAE FUNERAL HOME KIMMSWICK MO

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmer A. Biligtag

Signed.....

Student Embalmer

Licensed Embalmer No. *3571*

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.