

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14905

State File No. \_\_\_\_\_  
Registrar's No. 2365

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES 4607</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 DA</u>		d. STREET ADDRESS (If rural, give location) <u>416 S. GORE AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>DE PAUL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>BURTON</u>	c. (Last) <u>WELLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 11 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-14-1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CIVIL ENGR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WESTLAKE CONST. Co</u>	11. BIRTHPLACE (State or foreign country) <u>MICHIGAN CITY, IND.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CLINTON DALLAS WELLS</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA ALICE BRETT</u>	14. NAME OF HUSBAND OR WIFE <u>JEAN C. WELLS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JEAN C. WELLS</u>	ADDRESS <u>416 S. GORE AVE</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>3 yrs.</u>  <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal ulcer</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H200</u>

22. I hereby certify that I attended the deceased from Dec, 1951, to Mar 11, 1952, that I last saw the deceased alive on Mar 11, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert M. Launch M.D.</u>	23b. ADDRESS <u>4952 Maryland</u>	23c. DATE SIGNED <u>12 Mar 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 12 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mittlerberg Funeral Home, Inc</u>	ADDRESS <u>73 W. Jackson Ave. St. Louis</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*J. Wm Bumbley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *St Louis Mo*

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.