

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8064**  
**1749**

FILED MAR 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>MO.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS 2219</b>		d. STREET ADDRESS (If rural, give location) <b>21 3524 Lawton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Isabella</b> b. (Middle) c. (Last) <b>WELLS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 12 1953</b>			
5. SEX <b>3</b> <b>F</b>	6. COLOR OR RACE <b>COL</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 5-1894</b>	9. AGE (in years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nik</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ala</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jerry Mosley</b>		13b. MOTHER'S MAIDEN NAME <b>Channie Nickerson</b>	14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Rachel Blend</b>		ADDRESS <b>3524 Lawton</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Cerebral Thrombosis</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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>154A</b> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Walter Moss Esq. Town 3</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2/12/53</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb 17/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co. MO</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. L. Green 4214 Belmont</b>			

**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.

Student .....  
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4714 Delmar

**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.