No. 300
10.48

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8065

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1643

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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): St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2259
d. STREET ADDRESS (If rural, give location): 924 N. 15th St. 0

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

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 5, 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: July 10, 1914
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 6, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bootblack
10b. KIND OF BUSINESS OR INDUSTRY: 13th + Franklin
11. BIRTHPLACE (City and State or Foreign Country): Forest City, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Betty Wells
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 457-05-3497
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Rosa Lee Turner 924 N. 15th St.

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): Varicella c̄ Varicella Virus — INTERVAL BETWEEN ONSET AND DEATH: Pneumonia

ANTECEDENT CAUSES
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 087 X

22. *I hereby certify that I attended the deceased from* 2-4-53, 19__, *to* 2-5-53, 19__, *that I last saw the deceased alive on* 2-5-53, 19__, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A M Huggins, MD 0
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest City
24d. LOCATION (City, town, or county) (State): Forest City Arkansas

DATE RECD BY LOCAL REG.: FEB 11 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koonce
ADDRESS: 1221 N Grand Blvd

(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.

Student ..... Student Embalmer

Signed Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 1221 N Granite

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.