

FILED FEB 2 - 1955

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3231**
Registrar's No. **0265**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5046a Cates</u> <u>2129</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) _____ c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) <u>1</u> (Day) <u>11</u> (Year) <u>55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>12-15-1880</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Lloyd</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Lloyd</u>	14. NAME OF HUSBAND OR WIFE <u>JERRY 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>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JERRY WELLS</u>	ADDRESS <u>San De Soto, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		
	ANTECEDENT CAUSES <u>Cerebral Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Decubitus Ulcers</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 1-7, 1955, to 1-11, 1955, that I last saw the deceased alive on 1-11, 1955, and that death occurred at 4:38A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin B. Williams, M.D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>1-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 15 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto, MO</u>
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DATE REC'D BY LOCAL REG. <u>JAN 11 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McMahan Funeral Home</u>	ADDRESS <u>De Soto, MO</u>
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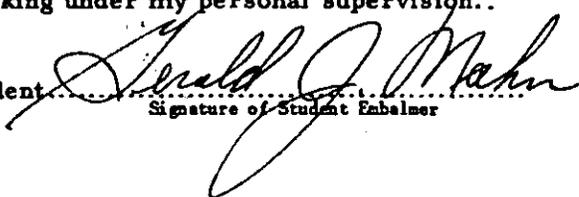
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 GERALD J. MAHN, Student Embalmer No. 505

working under my personal supervision..

Student


Signature of Student Embalmer

Signed


Licensed Embalmer No. 430

P. O. Address De. To. To.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.