Health, Welfare Public Service

300 -57

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016740
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1242

1. PLACE OF DEATH a. COUNTY St. Louis.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jennings, Mo. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Jennings 4158 0 Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5335 Fletcher, Ave. Length of stay in 1b 2 Yrs	d. STREET ADDRESS (If outside, give location) 5335 Fletcher, Ave. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First Rebecca	Middle L.	Last Wells	4. DATE OF DEATH Month Day Year May 4, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED XX 2 DIVORCED [ ]	8. DATE OF BIRTH Feb. 10, 1885	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Lincoln County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Rainey	13b. MOTHER'S MAIDEN NAME Judy Briscoe		14. NAME OF HUSBAND OR WIFE John H. Wells	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ruben Brown, 5335 Fletcher Ave. Jennings, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus 12 yrs

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9 Sept 1953, to 4 May 1958 and last saw her/him alive on 14 April 1958

Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph Wrosly, MD

22b. ADDRESS 100 N. Euclid St. Louis

22c. DATE SIGNED 5/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-5-58	23c. NAME OF CEMETERY OR CREMATORY Bellflower Cemetery	23d. LOCATION (City, town, or county) (State) Bellflower, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 5-6-58	26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Jr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Stanley H. Tipton

Licensed Embalmer No. 4193

P. O. Address [illegible]

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.