

Registration District 1940/84

Primary Registration District No. 200

Registrar's No. 807

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town South Vinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carson & Stanza Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Lonnie Wells 420
8. (b) If veteran, ? name war _____
3. (c) Social Security No. ?

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____
Jennie Wells
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 5 22 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 3 hr. _____ min.

9. Birthplace Truxton MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name _____ ?

13. Birthplace _____ ?
(City, town, or county) (State or foreign country)

14. Maiden name _____ ?

15. Birthplace _____ ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennie Wells

(b) Address Carson & Boorker Ave.

17. (a) Burial (b) Date thereof 4/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director: Boyd Bro's Funeral Home
(b) Address Stanza & Liza Ave. Kinloch

19. (a) APR 24 1940 (Date received local registrar)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town South Kinloch Park
(If outside city or town limits, write "RURAL")
(d) Street No. Carson & Stanza Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1940 hour 12:15 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1940, to April 22nd, 1940,
and that death occurred on the date and hour stated above.
that I last saw him alive on April 20th, 1940

Immediate cause of death Pulmonary Tuberculosis
Duration Since 1-12-30

Due to _____

Due to _____ 23

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
[Signature] (Physician's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.