

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUN 6 1946
STANDARD CERTIFICATE OF DEATH
Registration District No. **318** Primary Registration District No. **1003**

State File No. **19033**
Registrar's No. **4846**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days) 30 years

3. (a) PRINT FULL NAME Elizabeth Wells
3. (b) If veteran, name war..... **3. (c) Social Security** No.....
4. Sex F. **5. Color or race** W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward Barrett Wells, Dec. **6. (c) Age of husband or wife if alive**..... years
7. Birth date of deceased. Jan. 29 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Port Gibson, Miss. (City, town, or county) (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business.....
12. Name Elisha Robbins
13. Birthplace Indiana (City, town, or county) (State or foreign country) 6/27
14. Maiden name Mary Robb
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant Robyn Christensen
(b) Address 5660 Kingsbury
17. (a) removal (Burial, cremation, or removal) **(b) Date thereof** 5/30-46
(Month) (Day) (Year)
(c) Place: burial or cremation Troy, Missouri
18. (a) Signature of funeral director Alexander Sano
(b) Address 6175 Delmar
19. (a) MAY 20 1946 (Date of death) **(b) J. F. Bredeck** (Registrar's signature)

2.- USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... oag
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 617
(d) Street No. 5660 Kingsbury (If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28 year 1946 hour 10:00 minute..... P. M.
21. I hereby certify that I attended the deceased from May 24 1946 to May 28 1946
that I last saw her alive on May 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Duration**.....
strangulation from enlarged thyroid
Due to.....
myocarditis
Due to..... **Physician**.....
Senility
Other conditions..... (Include pregnancy within 3 months of death)
Major findings: strangulation from thyroid enlargement
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?.....
While at work?..... (Specify type of place) **(e) Means of injury**.....
23. Signature J. S. Hornum (M. D. or other).....
Address 4903 Delmar **Date signed** May 29/46

Dr. J. S. Howard 7 to 9 - P.M.
Roosevelt Hotel 1840 1/2

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: *John E. McCulloch*
Licensed Embalmer No. *2960*
P. O. Address *6175 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.