S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29649

State File No.

FILED SEP 8 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8258

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution De Paul Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5093 Wells Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary E. Wells

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 3 (Day) 1917 (Year)

8. AGE: Years 29 Months 09 Days 29 If less than one day hr. min.

9. Birthplace Montgomery City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Field Winder

11. Industry or business Emerson Electric

FATHER
12. Name John Hayden Wells
13. Birthplace New Hope (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Rebecca Raney
15. Birthplace New Hope (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant J.C. Wells
(b) Address New Truxton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellflower, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4790 Washington Blvd.

19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1947 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 19 1944 to Sept 1947
that I last saw her alive on Sept 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis

Due to ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ascites
Cirrhosis of liver
Of autopsy Not done.

Duration

PHYSICIAN

Underline the cause of 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? ~~St Louis~~ (City or town) (County) ~~Mo~~ (State)

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

While at work? (e) Means of injury 0

23. Signature Henry A. Hassett (M. D. ~~or other~~)

Address 607 N. Grand Bl. Date signed 9-2-47

Jefferson City Printing Co.

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

Signed.....R. W. Wilkinson.....

Licensed Embalmer No.....3575.....

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, fact should be so stated above.