No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3232

Primary Registration District No. 1003

Registrar's No. 238

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1712 Division
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1712 Division (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Wells
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 3, 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) TENN. (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

MOTHER FATHER
12. Name Geater Wells
13. Birthplace (City, town, or county) Ga. (State or foreign country)
14. Maiden name unknow
15. Birthplace (City, town, or county) Ga. (State or foreign country)

16. (a) Informant Isaiah WELLS
(b) Address 1712 Division
17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cairo Ill.
18. (a) Signature of funeral director Atkins Bros. Und. Co.
(b) Address 3644 Finney Ave.
19. (a) JAN 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th year 1948 hour 1 minute 20 P. M.
21. I hereby certify that I attended the deceased from 1-3-48, 19..., to 1-5-48, 19..., that I last saw him alive on 2 PM 1-5-48, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Probable Metastatic Thrombosis Brain
Due to Carcinoma of Liver & Metastasis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (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)
While at work? (e) Means of injury

23. Signature Russell H. White (M. D. or other) MD
Address 2462 N. Sarah Date signed 1-8-48

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, Mo.

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.