

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25491

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 9063 Registrar's No. 1226

1. PLACE OF DEATH a. COUNTY <u>St Louis, County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>601 Brentwood Blvd. - ¹Super St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle) _____ c. (Last) <u>WELLS</u>	
4. DATE OF DEATH (Month) <u>7</u> (Day) <u>19</u> (Year) <u>1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH _____
9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Tuscaloosa, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Witherspoon</u>	
14. NAME OF HUSBAND OR WIFE <u>James Wells</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Wells</u>		ADDRESS <u>Scott Street</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wk.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular renal-disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-5</u> , 19 <u>49</u> , to <u>7-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>49</u> , and that death occurred at <u>10:15A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jack A. Gregory M.D.</u>		23b. ADDRESS <u>St. L. County Hosp</u>	
23c. DATE SIGNED <u>7-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-22-49</u>		REGISTRAR'S SIGNATURE <u>Robert R. Shanks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>Boyd Bros Funeral Home, So. Grand St.</u>	

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

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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 _____

Harry Malbone Student Embalmer No. 306
working under my personal supervision.

Signed H C Wilford
Student Embalmer

Signed Edward A Flynn
Licensed Embalmer No. 4444

P. O. Address 4545th Pkwy

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.

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