

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39417

BIRTH NO. 77083-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10337

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis Co.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 15 MIN.	
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, 21		d. STREET ADDRESS (If rural, give location) 1826 WINTON STREET	
3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) FEMALE c. (Last) WELLS		4. DATE OF DEATH (Month) (Day) (Year) NOV. 7 1949	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV. 7, 1949
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME VERNON WELLS		13b. MOTHER'S MAIDEN NAME FANNIE BEATRICE SMITH	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FANNIE & VERNON WELLS, SAME AS ABOVE	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prolonged labor</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Primarily terminated</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>16-02</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>7610</i>		22. I hereby certify that I attended the deceased from <i>11-7, 1949</i> , to <i>11-7, 1949</i> , that I last saw the deceased alive on <i>11-7, 1949</i> , and that death occurred at <i>10:10</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Carl W. Osbey, M.D.</i>		23b. ADDRESS <i>St. Louis Mat Hosp</i>	
23c. DATE SIGNED <i>11-9-49</i>		24a. BURIAL CREMATION, REMOVAL (Specify)	
24b. DATE NOV 30 1949		24c. NAME OF CEMETERY, OR CREMATORY <i>Anatomical Board</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland Devore - 4104 Washington Manchester Mo</i>	
DATE REC'D BY LOCAL REG. NOV 30 1949		REGISTRAR'S SIGNATURE <i>J. B. Parster</i>	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

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, fact should be so stated above.**