

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43313

State File No. ....

04639

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. ....	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaminade</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>43 TOWN Chaminade Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Lindbergh &amp; Conway Rds.</u>			
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) <u>Richard</u>		b. (Middle) <u>Wells</u>		c. (Last) <u>Wells</u>		Date <u>Dec. 6 1949</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1878</u>		9. AGE (In years last birthday) Months Days <u>71 5 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hunkins-Willis</u>		11. BIRTHPLACE (State or foreign country) <u>Pennar.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Wells</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Worten</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Wells</u> <u>R#1 Clayton Box 155</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>148-10-0391</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Wells Clayton, Mo. R#1 Box 155</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES				<u>7-10 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterial Hypertension</u>				<u>10 years</u>	
DUE TO (c) ..		II. OTHER SIGNIFICANT CONDITIONS				<u>331X</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		<u>331X</u>					
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) (Min.)		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>10/12</u> , 1949, to <u>12/6</u> , 1949, that I last saw the deceased alive on <u>10/12</u> , 1949, and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>Robert Menden</u>				22b. ADDRESS <u>250 Center, Clayton</u>		22c. DATE SIGNED <u>12/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
DATE REC'D BY LOCAL REG. <u>12-9-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Douke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>			

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

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.