

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3145

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 681

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 681	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township)				a. STATE <u>ILLINOIS</u> b. COUNTY			
c. CITY (If outside corporate limits, write RURAL and give township)				c. CITY <u>GRANITE CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (if rural, give location) <u>2114 DELMAR AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OTTO</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Wells</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>20</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>57</u> <u>5</u> <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TORONTO R.R. ASSN.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. FRANCIS COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>CORNELIUS WELLS</u>		13b. MOTHER'S MAIDEN NAME <u>MELINDA THOMAS</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN WELLS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-22-4848</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN WELLS</u> ADDRESS <u>2114 DELMAR GRANITE CITY, ILL.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pneumothorax</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		<u>241X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Jan. 14</u> , 19 <u>50</u> , to <u>Jan. 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 20</u> , 19 <u>50</u> , and that death occurred at <u>10:30 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>nurse</u>				23b. ADDRESS <u>1755 So. Grand Blvd</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 23 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEADWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 23 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Robert L. & Co.</u> ADDRESS <u>1905 So. GRAND BVD</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

Ronald E. Yahnke

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.