

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18898

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1339

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>U. CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>U. CITY</b>	
c. LENGTH OF STAY (in this place) <b>10 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>8527 KEMPLAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8527 KEMPLAND</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>IRVING</b> c. (Last) <b>WELLS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24 1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN 12 1877</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOOR MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>SALAM MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>DELIA WELLS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY PATTON</b>		14. NAME OF HUSBAND OR WIFE <b>NANNIE ELIZABETH WELLS (DEAD)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-01-9158</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Craig Wells</b> ADDRESS <b>7361 Olive St. St. Louis</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		_____	

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)	
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 Mar 22, 1950, to Mar 24, 1950, that I last saw the deceased alive on Mar 24, 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. N. Grod</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>8367 Olive St. Rd.</b>		23c. DATE SIGNED <b>5-26-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>May 27 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>See See Cemetery</b>	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Herbert P. Dombey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paulmann Brothers and Co</b>		ADDRESS <b>Overland</b>	

(Licensed Embalmer's Statement on Reverse Side)

NEW BUILDING NO. SIDE CHIEFSTRO  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 GROD

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 3039

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland

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.