

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3414

FILED JAN 26 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 55

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| 1. PLACE OF DEATH a. COUNTY <u>3</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | c. LENGTH OF STAY (in this place) <u>Unknown</u> | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. City Hospital # 1</u> | | e. STREET ADDRESS (If rural, give location) <u>4221 N. Broadway 2099</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u> BONNIE </u> b. (Middle) _____ c. (Last) <u> WELLS </u> | 4. DATE OF DEATH (Month) (Day) (Year) <u> Jan. 3, 1954 </u> |
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| 5. SEX <u> Female </u> | 6. COLOR OR RACE <u> White </u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u> Widowed </u> | 8. DATE OF BIRTH <u> Jan. 16, 1877 </u> | 9. AGE (In years last birthday) <u> 76 </u> If under 1 year: Months _____ Days _____ If under 1 hrs: Hours _____ Mins. _____ |
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| 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 (City and State or Foreign Country) <u> Unknown </u> | 12. CITIZEN OF WHAT COUNTRY? <u> USA? </u> |
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| 13a. FATHER'S NAME <u> Unknown </u> | 13b. MOTHER'S MAIDEN NAME <u> Unknown </u> | 14. NAME OF HUSBAND OR WIFE <u> Roy Wells deceased </u> |
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| 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. ADDRESS <u> A rthur Stradtman 117 W. Ferry Street </u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> Arteriosclerotic heart disease </u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u> 4200 </u> |
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22. I hereby certify that I attended the deceased from Jan 14, 1947, to Jan 3, 1954 , that I last saw the deceased alive on Dec 28, 1953 , and that death occurred at 12:30 P. m. , from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u> Henry C. Westerman, M.D. </u> | 23b. ADDRESS <u> 2136 East Grand Ave </u> | 23c. DATE SIGNED <u> 1-4-54 </u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u> Removal </u> | 24b. DATE <u> 1-5-54 </u> | 24c. NAME OF CEMETERY OR CREMATORY <u> Park Lawn Cemetery </u> | 24d. LOCATION (City, town, or county) (State) <u> St. Louis County MO </u> |
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| DATE REC'D BY LOCAL REG. <u> JAN 4 1954 </u> | REGISTRAR'S SIGNATURE <u> J. Earl Smith, MD </u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u> SIEDMEYER & SON'S 3934 N. 20th Street </u> |
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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.....
Signature of Student Embalmer

Signed *Gustav W. Schmitt*.....

Licensed Embalmer No. *432*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.