

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11238**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **Saint Louis**
c. LENGTH OF STAY (in this place) **50 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Bellefontaine Neighbors, Mo 63020**
d. STREET ADDRESS (If rural, give location) **908 Teurville Drive, 15,**

3. NAME OF DECEASED (Type or Print)
a. (First) **RAYMOND** b. (Middle) _____ c. (Last) **WELLS**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 9th, 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Feb. 17th, 1898**

9. AGE (in years last birthday) **56**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1000 HOURS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chauffeur**

10b. KIND OF BUSINESS OR INDUSTRY **Trucking**

11. BIRTHPLACE (City and State or Foreign Country) **Seymore, Indiana**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Wells**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Caroline Wells nee Hoefler**

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. **492-05-5492**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Caroline Wells, 908 Teurville Dr.,**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion acute**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **old myocardial infarction**
DUE TO (c) **coronary atherosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
8 hrs
?

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____ **4201**

22. I hereby certify that I attended the deceased from **June 8, 1954**, to **12-9, 1954**, that I last saw the deceased alive on **12-8, 1954**, and that death occurred at **7:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. J. Verda M.D.**

23b. ADDRESS **4500 Olive St.**

23c. DATE SIGNED **12-9-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **12/11/54**

24c. NAME OF CEMETERY OR CREMATORY **Bethany Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **DEC 10 1954**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **CALVIN F. FEUPE, 4528 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.**

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

0.300
0.48

