

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36381

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9158

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| 1. PLACE OF DEATH a. COUNTY | | 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) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Residence within limits of a city or incorporated town? Yes <input 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>St. Louis Chronic Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>2219 2 2210 Biddle, Apt. 100</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) c. (Last) <u>Wells</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 3 1956</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>N</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4/14/1860</u> |
| 9. AGE (In years last birthday) <u>96</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Edmonds, Ark.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Mary Wells</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis Chronic Hospital, 5600 Arsenal</u> |

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| 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>Arteriosclerotic Heart Disease</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Polycystic Kidney</u> | | |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Bronchopneumonia</u> | | |
| | | DUE TO (b) | | |
| | | DUE TO (c) | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>420.0</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 12/6, 19 55, to 10/3, 19 56, that I last saw the deceased alive on 10/3, 19 56, and that death occurred at 12:00 Noon from the causes and on the date stated above.

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| 23a. SIGNATURE <u>George M. Janney, m.d.</u> (Degree or title) | 23b. ADDRESS <u>5600 Arsenal, St. Louis, Mo.</u> | 23c. DATE SIGNED <u>10/3/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Oct 8/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Dale Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, MO</u> |
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| DATE REC'D BY LOCAL REG. <u>OCT 8 1956</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, m.d.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Green 4214 Delmar</u> | ADDRESS |
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m. S. B. (Licensed Embalmer's Statement on Reverse Side)

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..... *J. A. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 Palms*

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.