URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042697
STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211002

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4725 Vernon Ave.,
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Darrick Middle: Howard Last: Wells
4. DATE OF DEATH: Month: Nov. Day: 26, Year: 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-21-59
9. AGE (last birthday) IF UNDER 1 YEAR: Months: Days: 6 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Hosea Wells
13b. MOTHER'S MAIDEN NAME: Joyce Fields
14. NAME OF HUSBAND OR WIFE: - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - -
17. INFORMANT: Joyce Wells- 4725 Vernon Avenue Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Septicemic Shock	-? 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fulminating Pneumonia	-? 8 hours
DUE TO (c)	Suspected Septicemia	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 21, 1959, to Nov. 26, 1959 and last saw him alive on Nov. 25, 1959
Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C R Gallert Jr. MD
22b. ADDRESS: 2165 S. Kingshighway
22c. DATE SIGNED: 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-28-59
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.,

24. FUNERAL DIRECTOR: G. Wade Granberry ADDRESS: 4202 Finney Ave.
25. DATE RECD. BY LOCAL REG.: NOV 28 1959
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edward A. Flym

Licensed Embalmer No 4444

P. O. Address 4202 Finney Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.