

REC'D JUN 7 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1960

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 837  
 (c) City..... (d) Street No. Bellefontaine Road St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Evelyn Bissell 240  
 (a) Residence, No. Bellefontaine Road St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel R. Bissell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1854

7. AGE YEARS 83 MONTHS 11 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY)13. NAME Frank Richardson14. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Holmes16. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY)17. INFORMANT James R. Bissell (ADDRESS) 6939 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE May 9, 193819. FUNERAL DIRECTOR Charles W. Brown, Funeral Home (ADDRESS) 4911 Washington Blvd.20. FILED 5-85 1938 J. R. Meyers, M.D.P. 21 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 193822. I HEREBY CERTIFY, That I attended deceased from 4/3 1936 to 5/7 1938I last saw him alive on 5/7 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Hemorrhage Date of onset 5/7/38

Other contributory causes of importance:

Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) W. J. Chipman M. D.(Address) 8371 N. Poling

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Elton R. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Elton R. Remelius

Licensed Embalmer No. 3154

**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.)**