

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.

NOV 16 1938

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

33901
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City ST. Louis Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1003
BARNES HOSPITAL

Registered No. 8887

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hobada Belle Bell

(a) Residence, No. St. Mo Salem Mo.
(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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 Unk. Unk.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Aug. 1, 1938
11. Total time (years) spent in this occupation 20yrs.

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown Missouri

FATHER 13. NAME John Biggs

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown England

MOTHER 15. MAIDEN NAME Elizabeth Strickland

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Joseph Potter Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Missouri DATE Oct. 13/ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington Blvd.

20. FILED OCT 11 1938 J. R. Bradley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-18-38, 19, to 10-10-38, 19

I last saw her alive on 10-10-38, 19. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Carcinoma of the ovary, primary
Carcinoma of the rectum

49 A
Other contributory causes of importance:
Atelation of the lungs
Perforated intestine

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

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? If so, specify

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

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

Registered Apprentice No., working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1125

P. O. Address

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 this body is not embalmed, above space should be left blank.