

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution; St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 64 yrs
years, months or days)

3. (a) PRINT FULL NAME Carrie Bell Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col

6. (b) Name of husband or wife Richard Bell 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 4 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 27 If less than one day _____ hr _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Lewis Monroe

13. Birthplace Alto Mo
(City, town, or county) (State or foreign country)

14. Maiden name Winnie Green

15. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Bell

(b) Address 811 Ch 19th Street

17. (a) Burial (b) Date thereof 9/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Stanton Avenue

19. (a) SEP 8 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 811 Ch 19th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-1-1940
_____, 19____, to 8-31-1940
_____, 19____.

that I last saw her alive on 8-31-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day
Due to _____

Due to Hypertensive
arterial disease 1 yr.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy W U

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

23. Signature [Signature] (M. D. or other) _____
Address 2032 N Jefferson Date signed 9/7/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2
0-39
-39
21492

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No. 33711

P. O. Address St. Louis Mo.

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.