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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9320**
2730

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Days**
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5933 Julian Avenue**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Margarette Ahn Bell**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **25**, year **1941** hour **1:35** minute _____ A. M.

21. I hereby certify that I attended the deceased from **March 21, 1941** to **March 25, 1941**
that I last saw h. **er** alive on **March 25, 1941**
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Bell**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **June 28, 1858**
(Month) (Day) (Year)

Immediate cause of death: **Peritoneal carcinoma**
probable primary site
Due to stomach

Duration

8. AGE: Years **82** Months **8** Days **27** If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace **Commerce Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { **12. Name** **Unknown**

{ **13. Birthplace** **Unknown** **9**
(City, town, or county) (State or foreign country)

{ **14. Maiden name** **Unknown**

{ **15. Birthplace** **Unknown** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. E. Meyers**

(b) Address **5933 Julian Avenue**

17. (a) Burial (b) Date thereof **3/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Commerce Missouri**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Avenue**

19. (a) MAR 26 1941 (b) **J. M. Zedek**
(If deceased local health officer) (Registrar's signature)

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) _____ (e) Means of injury _____

23. Signature **W. H. E. G. G. G.** (M. D. or other) _____

Address **1515 Lafayette Avenue** **Date signed** **3/25/41**

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

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17
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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.....

Welford G. Burnley

Licensed Embalmer No. 4202.....

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, fact should be so stated above.