

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20562

State File No. _____

5374

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution 15500 Vernon Ave.
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County _____

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

(d) Street No. 5500 Vernon Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Daisy Estella Bell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. (a) Sex Female

5. (a) Race Wh

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

4. (b) Name of husband or wife Thomas E. Bell

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

7. Birth date of deceased March 30 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>27</u>	_____ min.

9. Birthplace East Carondelet Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Samuel M. Gregor

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

14. Maiden name Mary E. Hofer

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

16. (a) Informant Thelma E. Crumley

(b) Address 5500 Vernon Ave.

17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation oak Grove Cem

18. (a) Signature of funeral director Chas. F. Sugar

(b) Address 1725 Missions Blvd.

19. (a) JUN 30 1941 (b) J. H. Bledsoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 1:05 minute P. M.

21. I hereby certify that I attended the deceased from June 22 '41
to June 27 1941
that I last saw her alive on June 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Duration 5 days

Due to Cerebral Hemorrhage (spontaneous)

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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

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 Paul R. Webb M.D. (M. D. or other) P.
Address Chemical Bldg Date signed 6-28-41

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

Bernard J. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Union, Blad

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.