

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Cecavolis Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Glenwood Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 Wks.  
In this community 23 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Bell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)

7. Birth date of deceased March 31 1890

8. AGE: Years Months Days If less than one day

53 6 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Issac Brown

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

14. Maiden name Julia Farley

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

16. (a) Informant Mrs. John Constantine

(b) Address 3824 Federer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) NOV 19 1943 (Date received local registrar)

(b) E. S. Mc Gowan, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3824 Federer  
(If rural, give location)

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

If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17<sup>th</sup>  
year 1943 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 1<sup>st</sup> 1942 to Nov. 17 1943  
that I last saw h. aw alive on Nov. 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Duration 1 1/2 yrs

Due to

Due to

Other conditions Nephritis, chronic  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations 48 h

Of autopsy

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 James (M. D. or other) M.D.  
Address Webster Grove, Mo. Date signed 11-17-43

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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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*4018*

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, fact should be so stated above.**