No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6003

FILED FEB 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1550

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1016 a No 20th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arvillia Bell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race Col

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

6. (b) Name of husband or wife JESSE BELL

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug (Month) 27 (Day) 1901 (Year)

8. AGE: Years 45 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Hale
13. Birthplace Unknown (City, town, or county) W. Va. (State or foreign country)

MOTHER
14. Maiden name Bettie
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant Jesse Bell
(b) Address 1016 A N. 20th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Staddard St

19. (a) FEB 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1947 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-28, 1947 to 2-12, 1947 that I last saw her alive on Feb. 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Glomerulonephritis	Undet.
Prob. Frontal Lobe Tumor No Malignancy	
Due to	
Due to	

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Brown (M. D. or other)

Address 2601 S Whittier St Date signed 2/13/47

(Licensed Embalmer's Statement on Reverse Side)

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 L Boyn

....., Registered Apprentice No. JM,

working under my personal supervision.

Signed Lonnie Boyn

Licensed Embalmer No. 2946

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.