No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6045

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2094

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

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 0
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4125 Bell Avenue 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rachel Bell

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 3

5. Color or race C

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Huey

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 11, 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	11	14	hr. min.

9. Birthplace Cotton Plant Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Jake Bagby
13. Birthplace Unknown S. C. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pennie Fletcher
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country) 1

16. (a) Informant Jake Bagby
(b) Address 1715 N. Sarah St.

17. (a) Burial (b) Date thereof 3/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAR 1 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour 7:05 minute p M.

21. I hereby certify that I attended the deceased from 2-21- 1948, to 2-25, 1948
that I last saw her alive on Feb. 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Organic Brain Disease	Undet.
Uremia	
Due to 2	
Due to 87	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause of 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 0

23. Signature Herbert J. Crum (M.D. or other) 2/27/48

Address 2607 N Whittier St Date signed 2/27/48

Jefferson City Printing Co.

(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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.