S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1952

State File No. 25566

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7083

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis MO
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY: 2219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis MO
d. STREET ADDRESS (If rural, give location): 2705 Lucas Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Bowman
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): 7-19-52

5. SEX: Female
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): /
8. DATE OF BIRTH: Sept 31 1898
9. AGE (In years last birthday): 52 | IF UNDER 1 YEAR: Months 10 Days 18 | IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): Louisiana MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Major Bowman
13b. MOTHER'S MAIDEN NAME: Ona Holliday
14. NAME OF HUSBAND OR WIFE: Fred Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Fred Bell
ADDRESS: 2705 Lucas Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Small Bowel Obstruction

DUE TO (c) (adhesions)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

5705

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 830 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E Taylor (Degree or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-52
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cem
24d. LOCATION (City, town, or county) (State): St Louis MO

DATE REC'D BY LOCAL REG.: JUL 23 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE: A.L. Beal and Co
ADDRESS: 4303 Delmar

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leroy U. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4623

P. O. Address 3880 Eastonville

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.