

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36168**
Registrar's No. **9931**

NOV 13 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY OR TOWN St. Louis, Mo		c. CITY OR TOWN St. Louis, Mo 2237	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 23 2716 S 7 St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) Jewell (Type or Print)		b. (Middle) Clouse	
c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) October 27 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-18-21
9. AGE (In years last birthday) 31		10. MONTHS 31	11. BIRTHPLACE (State or foreign country) Popular Bluff Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cake Icer		10b. KIND OF BUSINESS OR INDUSTRY Fruends Bakery	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Camp		13b. MOTHER'S MAIDEN NAME Florence Chartrand	
14. NAME OF HUSBAND OR WIFE Irvin Bell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 497-20-4551		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Irvin Bell 2716 S 7 St	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary Infection & Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Carcinoma of the cervix uteri DUE TO (c) Pelvic Evisceration Operation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION extensive carcinoma of the cervix involving most of the pelvic organs	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 171X		22. I hereby certify that I attended the deceased from October 9, 1952, to October 27, 1952 , that I last saw the deceased alive on Oct. 27, 1952 , and that death occurred at 2:45 p. m. , from the causes and on the date stated above.	
23a. SIGNATURE Donald W. Smith M.D. (Degree or title)		23b. ADDRESS 1755 S Grand St. St. Louis, Mo	
23c. DATE SIGNED 10-28-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-30-52		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	
24d. LOCATION (City, town, or county) (State) St. Louis, Co.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart-Goodhart 2228 St. Louis, Av	
DATE REC'D BY LOCAL REG. OCT 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO	

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.....

Fred J. Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 4788

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.