

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43284

State File No.

11624

FILED JAN 10 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 0 mos.		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6763 Arsenal St.		d. STREET ADDRESS (If rural, give location) 3 6763 Arsenal St.	
3. NAME OF DECEASED (Type or Print) STEPHEN		a. (First) b. (Middle) c. (Last) BELL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 7-20-1888
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (City and State or Foreign Country) Illinois /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Stephen N. Bell	
13b. MOTHER'S MAIDEN NAME Mary Bowden		14. NAME OF HUSBAND OR WIFE Ida Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME David Bell, Springfield, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chondro-sarcoma</i> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
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? 196K	
22. I hereby certify that I attended the deceased from <i>Sept. 15, 1952</i> , to <i>Dec. 17, 1952</i> , that I last saw the deceased alive on <i>Dec. 17, 1952</i> , and that death occurred at <i>4:18 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. A. Dill</i>		23b. ADDRESS <i>Maplewood 171 Mo.</i>	
23c. DATE SIGNED <i>12-17-52</i>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-18-52	
24c. NAME OF CEMETERY OR CREMATORY Springfield, Mo		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. DEC 18 1952		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Carl Smith MD</i>	
REGISTRAR'S SIGNATURE <i>mjs</i>		ADDRESS Jay B. Smith, Maplewood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10. 48

DEC 4 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.