

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7345  
1906

State File No. ....

FILED MAR 11 1953

REG. DIST. NO. 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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS 4560 Garfield					
3. NAME OF DECEASED (Type or Print) a. (First) Mattie		b. (Middle) Bell		c. (Last) Bell			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1953		5. SEX Female		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 30-1877		9. AGE (In years last birthday) 76			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Keokuk, Iowa			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Glass		13b. MOTHER'S MAIDEN NAME Maggie Shronshire			
14. NAME OF HUSBAND OR WIFE Geo. 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. None			
17. INFORMANT'S SIGNATURE OR NAME Clyde Glass		ADDRESS 4560 Garfield					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.  #	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 3.32 X			
22. I hereby certify that I attended the deceased from 2-12, 1953, to 2-15, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 5:05p m., from the causes and on the date stated above.							
23a. SIGNATURE Charles P. Fardle M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co.		25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co.		ADDRESS 2732			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1953		25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co.		ADDRESS 2732			

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

**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

*James A. Carter*

Licensed Embalmer No. *44981*

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.