

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15463

State File No. \_\_\_\_\_

FILED APR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3870

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>ST. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>ST. Louis</u>                                |  |
| c. LENGTH OF STAY (In this place)<br><u>36 Yrs</u>  |  | 2139   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>                             |  | d. STREET ADDRESS (If rural, give location)<br><u>5100 Arsenal St.</u>   |  |

|                                     |                           |                            |                          |  |
|-------------------------------------|---------------------------|----------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><u>MARY</u> | b. (Middle)<br><u>Bell</u> | c. (Last)<br><u>BELL</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 10, 1953</u> |
|-------------------------------------|---------------------------|----------------------------|--------------------------|--|

|                         |                                 |  |  |   |
|-------------------------|---------------------------------|--|--|---|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>September 30 1896</u> | 9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.)<br><u>56</u> <u>6</u> <u>10</u> |
|-------------------------|---------------------------------|--|--|---|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Merdian Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |
|--|-----------------------------------|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><u>Lindsey Hood</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Lee</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Tobe Bell</u> |
|---|--|---|

|   |  |  |                                    |
|---|--|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Robert Rhodes, IOI</u> | ADDRESS<br><u>North Lefferwell</u> |
|---|--|--|------------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Hypertensive Cardio vascular disease</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>few min.</u><br><br><u>5 yrs.x</u> |
|---|---|--|---|

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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?<br><u>4201</u> |
|---|--|---|

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to April 10, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 1:05p m., from the causes and on the date stated above.

|   |                   |   |                                    |
|---|-------------------|---|------------------------------------|
| 23a. SIGNATURE<br><u>Charles H. ...</u> | (Degree or title) | 23b. ADDRESS<br><u>5100 Arsenal St.</u> | 23c. DATE SIGNED<br><u>4/11/53</u> |
|---|-------------------|---|------------------------------------|

|   |                                 |   |   |
|---|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>4 - 18 - 53</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Farther Dickson Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>ST. Louis, Missouri</u> |
|---|---------------------------------|---|---|

|  |   |  |   |
|--|---|--|---|
| DATE REC'D BY LOCAL REG.<br><u>APR 14 1953</u> | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> | ADDRESS<br><u>2616 North Garrison Ave</u> |
|--|---|--|---|

(Licensed Embalmers' Certificates on Reverse Side)

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

300  
48

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

*Leroy H. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.