

STANDARD CERTIFICATE OF DEATH

State File No.

9629

S. No. 300
V. 10.48

FILED OCT 23 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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 OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

e. STREET ADDRESS (If rural, give location) 4329 Garfield 2119

3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) _____ c. (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year) 10 5 53

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 18, 1898

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Peter Turner

13b. MOTHER'S MAIDEN NAME Celia Cooper

14. NAME OF HUSBAND OR WIFE William Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter Turner 2911 Thomas 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) Cerebral Hemorrhage
Hypertension
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Undt.

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from 9-27, 1953, to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams, M.D.

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-12-53

24c. NAME OF CEMETERY OR CREMATORY Washington P. Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OCT 8 1953

REGISTRAR'S SIGNATURE Carl Smith

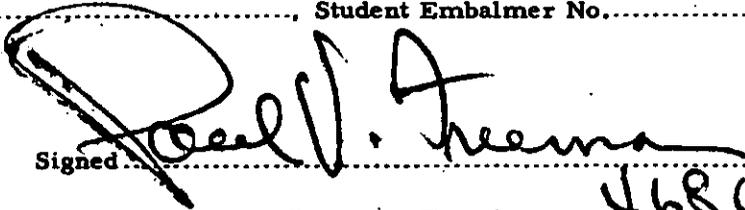
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Metropolitan Funeral System Inc. 5010 Emig Avenue

WRITE PLAINLY IN 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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4680

P. O. Address 4729 Hwy

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.