

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1420</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Brentwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>9097 W. Swan Circle</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First) <u>Charles</u>		b. (Middle) <u>A</u>		c. (Last) <u>Bell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-54</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-25-1888</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer's Agt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leather</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hugh Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Rochat</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Bell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-6051</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Bell, above</u>		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) <u>Possible Cerebro-Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Multiple Fracture Ribs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumothorax</u>				INTERVAL BETWEEN ONSET AND DEATH.	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brentwood St. Louis MO</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 12, 1954 9:30 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell off Ladder</u>			
22. I hereby certify that I attended the deceased from <u>6-12</u> , 19 <u>54</u> to <u>6-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-15</u> , 19 <u>54</u> , and that death occurred at <u>6:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin C. Kester M.D.</u>				23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>6-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/18/54</u>		REGISTRAR'S SIGNATURE <u>Richard R. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, MAPLEWOOD, MO</u>		ADDRESS	

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. 40
P. O. Address Maple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.