

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42173

10800

BIRTH NO. _____ 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 <u>MO.</u> b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		22190			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS</u>				d. STREET ADDRESS (If rural, give location) <u>21 2941 1/2 Olive ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clay</u> b. (Middle) <u>Bedell</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 26 1888</u>			
9. AGE (in years last birthday) <u>66</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Millic</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Mae Bedell</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Mae Bedell 2941 1/2 Olive St</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				DUE TO (b) <u>Cerebral Apoplexy</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
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 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? <u>334X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>250 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James M. Kelly Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11-27-54</u>			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem St Louis</u>		24d. LOCATION (City, town or county) (State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>NOV 27 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. L. Gellan 4214 Delmar</u>					

(Licensed Embalmer's Statement on Reverse Side)

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: *F. A. Sheen*

Licensed Embalmer No. *2963*

P. O. Address: *4214 Delmar*

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.