

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46551

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No.....
Primary Registration District No.....

791
1003

File No.....
Registered No.....
St. Ward)

2. FULL NAME Plisia M. Bell

(a) Residence, No. 3504 Pastalozzi St. St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Richard Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Margaret Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Leigh C. Bell
(ADDRESS) 3504 Pastalozzi St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE December 18, 1936

19. UNDERTAKER Petz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED DEC 16 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1936, to Dec. 15 1936

I last saw h. alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

uremia

Date of onset 7 day

Other contributory causes of importance:
chronic nephritis
general arteriosclerosis

2 yr
7 yr

Name of operation..... Date of.....

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Arterio Sclerosis M. D.

(Signed) J. Bredeck
(Address) 7707 University Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Bunnell
2200 University St.

CG-1834

2202 University St.