

APR 13 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **2520 791**

Township.....

Primary Registration District No. **1003**City *St. Louis - mo* (No. *St. Marys Sq*)File No. **48000**Registered No. **2450**

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME *Stillborn Bell*(a) Residence, No. *1712 a Carr* St. *25* 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

*colored*5. SINGLE, MARRIED, WIDOWED, OR  
DIVERGED (write the word)*Stillborn*5A. IF MARRIED, WIDOWED, OR DIVERGED  
HUSBAND OF  
(OR) WIFE OF*Stillborn*

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

*March - 5 - 1936*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.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  
occupation12. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)*St. Louis  
Missouri*

13. NAME

*Unknown*14. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)*Unknown*

15. MAIDEN NAME

*Florence Bell*16. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)*Wattensaw  
Arkansas*17. INFORMANT  
(ADDRESS)*Florence Bell  
Wattensaw Ark*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*City Cemetery 3/13/36*19. UNDERTAKER  
(ADDRESS)*Edward Van Tasson  
City Hosp.*

20. FILED

*3-4 1936 J. F. Bredeck*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Delivered March - 3 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*the delivery of Stillborn fetus*

First saw him \_\_\_\_\_ alive \_\_\_\_\_, 19\_\_\_\_ Death occurred

to have occurred on the date stated above, at *9:25 a.m.*

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

*Asphyxia*

Date of onset

*Stillbirth*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 *Asphyxia*(Signed) *H. D. Alexander*, M. D.(Address) *St. Marys Infirmary*

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.

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