

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No. Barnes Hospital)

FEB 8 1937 **791**
Registration District No.....
Primary Registration District No..... **1008**

File No. **3300**
Registered No. **320**
.....St.Ward)

2. FULL NAME Alberta Nellie Bell

(a) Residence, No. 203 Linden St. NP Ward. Clayton Mo
(Usual place of abode) (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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Bell Jr.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6th, 1908				
7. AGE	YEARS 29	MONTHS 0	DAYS 2	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework ²³⁰			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home			
	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				
MOTHER	13. NAME Albert Geitz			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri			
	15. MAIDEN NAME Nellie Benner			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri			
17. INFORMANT <u>Arthur Bell Jr.</u> (ADDRESS) 2-3 Linden Ave. Clayton, Mo				
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, Cem. DATE Jan 11th, 37				
19. UNDERTAKER <u>Louis N Bapp</u> (ADDRESS) Kirkwood, Mo				
20. FILE NO. 3518 NWS <u>J. J. Bredes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1 - 8 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11 - 10 - 1936**, to **1 - 8 - 1937**
I last saw her alive on **1 - 8 - 1937**, 1937. Death is said to have occurred on the date stated above, at **11 a.m.**
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation Date of onset: **10-20-36**

Other contributory causes of importance:
Chronic pneumonia ??
Bronchitis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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.....
(Signed) Paul Kunkel..... M. D.
BARNES HOSPITAL
(Address)

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.

