

NOV 23 1937

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

38761

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 788
(b) Township Jefferson Primary Registration District No. 4471
(c) City North St. Louis (d) Street No. 5 Glenoak Registered No. 102
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle Anna Buell

(a) Residence, No. # 5 Glenoak Place St. (Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Knaphman Buell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 76 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) July 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Iowa

FATHER 13. NAME Edward Wilde

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

MOTHER 15. MAIDEN NAME Anna Darling

16. BIRTHPLACE (CITY OR TOWN) Ontario
(STATE OR COUNTRY) Canada

17. INFORMANT Arnold Kirkpatrick
(ADDRESS) # 5 Glenoak Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 10-73-1937

19. FUNERAL DIRECTOR Missibility General Home Inc
(ADDRESS) 23 N. Rockwood Ave, North St. Louis

20. FILED 10-23-1937 Julius K. Yore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1937

I HEREBY CERTIFY That I attended deceased from April, 1937, to October 22, 1937

I last saw her alive on October 21, 1937. Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Pulmonary tuberculosis Date of onset 1932

Other contributory causes of importance:

Arteriosclerosis
Decubitus 22 years 18 mos

Name of operation None Date of /

What test confirmed diagnosis? Clinical 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? no

If so, specify /

(Signed) W. H. Clark, M. D.

(Address) 564 Hamilton Blvd

St. Louis, Mo.

J. Fred W. Cla

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson....., Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)