

DEPT SEP 12 1938

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

26887
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **Luthern Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 **Laura Bell**

(a) Residence, No. **1642 Tower Grove Avenue** St. **17**
(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 **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 **Robert Bell**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington Ind.**

FATHER 13. NAME **William Clark**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington Ind.**

MOTHER 15. MAIDEN NAME **Dont Know**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington Ind.**

17. INFORMANT **Laura Beck**
(ADDRESS) **1642 Tower Grove Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Ind** DATE **Aug 4 1938**

19. FUNERAL DIRECTOR **Thos J. Finnan**
(ADDRESS) **1519 South Grand Blvd.**

20. FILED **AUG 3 1938** **J. P. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 2 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 4 1933**, to **Aug 2 1938**.
I first saw her alive on **Aug 2 1938**. Death is said to have occurred on the date stated above, at **11 P** m.

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

Ch. Myocarditis with Ch. Stenosis + Ch. Intercostal nephrosis
Ch. Congestive Lung + Hypertrophic Cardiac of the Aorta
Pulmonary Artery or Coronary
Other contributory causes of importance: **Thrombosis**

Date of onset
5 yrs
2 yrs
1 day

Name of operation **None** Date of
What test confirmed diagnosis? **Autopsy** 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) **Edmund Burnett** M. D.
(Address) **1504 So Grand Blvd -**

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.

STATEMENT BY LICENSED EMBALMER

I, Howard Rowland, Licensed Embalmer No. _____

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 Howard T Rowland

Licensed Embalmer No. 2114

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.)