

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.

1938

REC'D OCT 6 1938

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

33320  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 111  
(c) City Richmond Heights (d) Street No. \_\_\_\_\_ Registered No. 1509  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A. Bell 400

(a) Residence, No. 1361 Argus St.  (If nonresident, give city or town and State)  
(Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joseph Bell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1852  
7. AGE YEARS 86 MONTHS 4 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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) Blasgow Mo - 0

FATHER 13. NAME Spartanwood Rice 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA 9

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Virginia Miller  
1325 Argus ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Oct 3 - 1938

19. FUNERAL DIRECTOR (ADDRESS) J. Lewis Webster Groves  
1 R. Meyer M.D. Dr.

20. FILED OCT - 1 1938 19 \_\_\_\_\_  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938  
22. I HEREBY CERTIFY, that I attended deceased from Jan 7th 1937 to Sept 29, 1938  
I last saw her alive on Sept 29, 1938 Death is said to have occurred on the date stated above, at 8:05 a. m.  
The principal cause of death and related causes of importance were as follows:

coronary arteriosclerosis  
46  
Other contributory causes of importance stomatitis

Name of operation None 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? None Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) B. J. Connelley M. D.  
(Address) 2398 1/2 Parkway  
St. Louis

STATEMENT BY LICENSED EMBALMER

I, Jo Lewis, Licensed Embalmer No. 2027

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

Jo Lewis

Licensed Embalmer No. 2027

**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.)**