

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26620  
State File No. \_\_\_\_\_  
Registrar's No. **6516**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis;**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis,** **5**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **5721 McPherson Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Belle F. Remington.** **552**

3. (b) If veteran, name war **none.** 3. (c) Social Security No. **none.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife **Charles Remington.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sep't 26th, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75. 10. 5.** hr. min.

9. Birthplace **Camden, Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business \_\_\_\_\_

12. Name **Chelton Bricker.**

13. Birthplace **Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Truslow.**

15. Birthplace **Pine Bluff, Arkansas.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chelton Remington.**

(b) Address **5721 McPherson Ave.**

17. (a) **Burial.** (b) Date thereof **Aug. 2, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Bl'vd.**

19. (a) **AUG 1 1940** (Date received local registrar) **J. F. Bredbeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31st,**  
year **1940.** hour **12:01** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 14**, 19**40** to **July 31**, 19**40**  
that I last saw her alive on **July 30**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**arterio-sclerotic fracture of femur**  
**arterio-sclerosis**  
Due to **old trauma**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: **none**

Of autopsy **none**

Duration  
**2 wks**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Aug 24 1940**

(c) Where did injury occur **Home** (City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

While at work **no** (Specify type of place) (e) Means of injury **fall.**

23. Signature **Delia B. Shepper** (M. D. or other) **1**

Address **4500 Olive** Date signed **8/1/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Roland Krieger

4500-0 Line

Transit - 3800

1-3 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Bradford A. Miles*

Licensed Embalmer No.

2901

P. O. Address

*St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**