

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27214**  
Registrar's No. **7140**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mos. 10 Days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Daisy Bell  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. 343-02-7029

4. Sex Female race W  
5. Color or W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife DK  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased About 1885  
(Month) (Day) (Year)

8. AGE: Years About 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pickensville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Pantry Woman

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

MOTHER FATHER {  
12. Name Thomas Bell  
13. Birthplace DK (City, town, or county) (State or foreign country) 9  
14. Maiden name DK  
15. Birthplace DK (City, town, or county) (State or foreign country) 9

16. (a) Informant Dr. B. W. Brown

(b) Address 421 1/2 Broadway

17. (a) burial (b) Date thereof 8-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cab Grove Cemetery

18. (a) Signature of funeral director Spencer Plutch

(b) Address 5966 Eastern Ave.

19. (a) AUG 24 1940 (b) J. F. Brudick  
(Date filed for Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4028 Westminister  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22, year 1940 hour 12:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 12, 19 40 to August 22, 19 40  
that I last saw her alive on August 22, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with metastasis.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. D. Mulligan (M. D. or \_\_\_\_\_)

Address 1515 Lafayette Ave. Date signed 8/22/40

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

*No embalming*

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**