

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33863
Registrar's No. 8560

Registration District No. 791

Primary Registration District No.

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: BARNES 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

8. (a) PRINT FULL NAME JANE FOWLER BELL

8. (b) If veteran, name war. none 8. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife George Boardman Bell Jr. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 4 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Albert C. Fowler

13. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ferguson

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Boardman Bell Jr.
(b) Address #98 Aberdeen Pl. St. Louis

17. (a) burial (b) Date thereof Oct. 17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

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

(b) Address 2233 Delmar, St. Louis, Mo.

19. (a) OCT 16 1940 (b) J. F. Friedrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis CLAYTON
(If outside city or town limits, write "RURAL")
(d) Street No. #98 Aberdeen Place
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1940 hour one minute 30 P.M.

21. I hereby certify that I attended the deceased from November
1934, to October 15, 1940
that I last saw her alive on October 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 HRS

Due to Vascular hypertension 1/2 6 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Gen. arteriosclerosis
Cerebral hemorrhage

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 Samuel B Grant (M. D. or other) _____
Address 111 N. Taylor Ave Date signed 10/16/40

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

MOTHER FATHER

Dr. Samuel Grant
114 N. Taylor Ave.
JE-8600

JUN 12 1956

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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