No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8782

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2192

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

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 St.L.City Hospital #1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hours (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317 9
(d) Street No. 1759 Missouri Avenue (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ZELLA BEDWELL

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 married

6. (b) Name of husband or wife DAVID

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 21, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	15	hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Quinn Hake
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Young
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Bedwell
(b) Address Bf-639-RR 8 Lemay Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington, Missouri

18. (a) Signature of funeral director Allen H. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) MAR 9 1941 (Date received local registrar) (b) J. H. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1941 hour 9. a. m. minute 30 a. M.

21. I hereby certify that I attended the deceased from march 8, 1941, to march 8, 1941; that I last saw her alive on march 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis
Chronic Parenchymatous nephritis
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no

Duration
1 yr
1 yr
1 yr

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

23. Signature James W. Dauer (M. D. or other)
Address 2025 Jefferson Date signed Mar 8 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.