

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2058

96  
13  
1

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town OVERLAND  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2425 WISE 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town OVERLAND 13  
(If outside city or town limits, write "RURAL.")

(d) Street No. 2425 WISE 1  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLORA BELLE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6. year 1941 hour 12:15 minute 0- M.

21. I hereby certify that I attended the deceased from Aug. 2- 1941 to Oct. 96 1941;  
that I last saw her alive on Oct. 6- 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A. Belle 6. (c) Age of husband or wife if alive 5 years 1863 (Year)

7. Birth date of deceased July (Month) 5 (Day) 1863 (Year)

Immediate cause of death apoplexy Duration 1 day

Due to Hypertension 5 yrs.

Due to arteriosclerosis -

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

8. AGE: Years Months Days If less than one day

78 3 1 hr. min.

9. Birthplace Cincinnati Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

Major findings: Of operations none S. 201

Of autopsy None

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name John C. Mc DONALD

13. Birthplace UNKNOWN SCOTLAND 4  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET MAE COLE

15. Birthplace UNKNOWN SCOTLAND 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Bell

(b) Address 2425 Wise

17. (a) Burial (b) Date thereof Oct 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS

18. (a) Signature of funeral director BAUMANN BROTHERS

(b) Address 2500 Woodson Overland Mo

19. (a) OCT 8 - 1941 (b) C. H. The...  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(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 D

23. Signature Roy A. Hatcher (M. D. or other) MD

Address 2438 Woodson Rd. Date signed 10-6-41

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.**