

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
(Specify whether
In this community. 14 years
years, months or days)

3. (a) PRINT FULL NAME Winonna Bell

3. (b) If veteran, name war. No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 2 / 10 / 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace. WASHINGTON Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. MAID

11. Industry or business

12. Name UNKNOWN 9

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

14. Maiden name " " (City, town, or county) (State or foreign country)

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Brown

(b) Address 1120 N. Compton

17. (a) BURIAL (b) Date thereof 2-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood

18. (a) Signature of funeral director. Genevieve

(b) Address 3103 Washington

19. (a) 25 1942 (b) J F Oredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 21 000
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 N. Compton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22,
year 1942 hour _____ minute 00 A. M.

21. I hereby certify that I attended the deceased from February 18,
1942 to February 22, 1942;
that I last saw her alive on February 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration Unknown

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. 0

23. Signature J W Johnson (M. D. or other)

Address 2601 Webster Date signed 2/25/42

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

MOTHER FATHER

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 Melvin Blackburn
Licensed Embalmer No. 3962

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, fact should be so stated above.