. No. 2
—1-4-41
5-17-39
I X26390

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31267 /

FILED OCT 6 1942

Registration District No. 7849 Primary Registration District No. 200 Registrar's No. 2042

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town EMAF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanatorium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/5/42 to 10/1/42 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Perry 11
(c) City or town Pinckneyville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Dortha Bell
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female / 5. Color or race White 0 / 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 July (Month) 25th (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
18	2	6	hr. min.

9. Birthplace Smackover, Arkansas / (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name George Leslie Bell
13. Birthplace Texarcana, Arkansas / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Zora Bell Ramsey
15. Birthplace Foulk, Arkansas / (City, town, or county) (State or foreign country)
16. (a) Informant Geo. L. Bell
(b) Address Pinckneyville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.
18. (a) Signature of funeral director Chas. Doerr & Son
(b) Address Pinckneyville, Ill.
19. (a) OCT - 2 1942 (Date received local registrar) (b) C. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1942 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 15 1942 to October 1 1942 that I last saw her alive on September 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis Far Advanced	1 yr
Due to Intestinal Tbc	
Due to	
Other conditions Hydropericardium (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pulm Tbc bilateral Tbc ulcers of intestine, hydropericardium

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 H. B. Wuestenfeld (M. D. or other) MD
Address 9101 S. Broadway Date signed 10-1-42

707

(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 Albert G. Hoffe

Licensed Embalmer No. 2971

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.