

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 2 1943

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 785

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6532 Marquette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6532 Marquette Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emily F. Bell
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 25th
year 1943 hour 7:15 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Late James W. Bell
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from Home
Jan 25 to Jan 25, 1943
that I last saw her alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 1st 1871
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
71 1 24 hr. min.

Immediate cause of death Chronic Myocarditis 3 yrs
Mitral insufficiency
Duration 3 yrs

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business.....
12. Name John W. Ferguson
13. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Schmidt
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Bell
(b) Address 6532 Marquette Ave.

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?.....

17. (a) Burial (b) Date thereof 1-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.
19. (a) JAN 26 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature D. J. Hudson (M. D. or other) 7702
Address 3115 Grand Date signed 1/25/43

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

Dr. Handover
3/15/80
Branan
1-2-11-2-2

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.....
Edwin A. M. Herriott

Licensed Embalmer No.....

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.