

FILED APR 23 1943 **318**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **3416**

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:
1167 Hamilton Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(u) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1167 Hamilton Avenue.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dona Isabell Bell**

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, **Widowed**

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

7. Birth date of deceased **August 13, 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 7 28 hr. min.

9. Birthplace **Girard Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Tabor**

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

14. Maiden name **Mathilda Lair**

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

16. (a) Informant **Letha B. Shepard**

(b) Address **1167 Hamilton Avenue**

17. (a) **Burial** (b) Date thereof **April 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Avenue.**

19. (a) **ADD 1 2 1943** (b) **J. F. Bedard**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11, 1943**
year **7** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec. 11 - 1942** to **April 11, 1943**
that I last saw him alive on **Apr. 10 - 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis Pneumonia** Duration **2 days.**

Due to **Senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **107**

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 _____

23. Signature **W. Ryan** (M. D. or other) _____

Address **607 N. Grand St.** Date signed **4.11.43**

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

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.....

G. W. Wilkins

Licensed Embalmer No.....

3575

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.