

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22825

State File No. _____

FILED AUG 8 1944 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6708

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 29 days (Specify whether
in this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Illinois (b) County..... Coles
(c) City or town..... Mattoon
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1944 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from
July 1, 1944, to July 28, 1944
that I last saw her alive on July 28th, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death..... Undetermined *Duration*

3. (a) PRINT FULL NAME Mabel Elizabeth Bellamy
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 Married
6. (b) Name of husband or wife..... David Bellamy
6. (c) Age of husband or wife if alive..... 55 years
7. Birth date of deceased January 31 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Walder
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Cecilia Kain
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant David Bellamy
(b) Address Mattoon, Illinois

17. (a) Removal (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattoon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 31 1944 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

Due to Sarcoma of spine
Due to _____
Other conditions Cystitis, Renal damage,
(Include pregnancy within months of death)
? etiology
Major findings:
Of operations Extra-dural sar-
coma, D7-8
Of autopsy As above

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?
While at work? (Specify type of place) _____
(e) Means of injury _____
23. Signature A. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 7-21-44

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

John Agnoski

Licensed Embalmer No. 3398

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.