V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 817

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 9168

State File No. 31689

Registrar's No. 1918

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3200 Big Bend Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Big Bend Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Genevieve B. 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 Married
6. (b) Name of husband or wife Henry G.
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 16, 1899 (Month) (Day) (Year)
8. AGE: Years 45 Months 1 Days 28 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Hurt
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Agnes Sties
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Henry Mraz
(b) Address 3200 Big Bend Blvd. Maplewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.
19. (a) SEP 16 1944 (Date received local registrar) (b) C. G. McGannon, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1944 hour 1:45 A.M. minute M.
21. I hereby certify that I attended the deceased from Nov. 1, 1943 to Sept. 14, 1944 that I last saw her alive on Sept 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Osteogenic Sarcoma of Femur	10 mo.
Due to: Metastasis to Lungs	5 mo
Due to: Metastasis to Spinal Cord	6 mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Sarcoma of femur
Of autopsy: none

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) no
(b) Date of occurrence
(c) Where did injury occur? no (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 J. A. Lembke (M. D. or other)
Address 607 N. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Lembeck
University Club Bldg.
Je 6088
1 Pm to 3

OCT 10 1944

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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.