S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 39149

FILED JAN 15 1945

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 11341

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1025 A ~~South~~, California Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 a ~~So~~, Calif, Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Julia Bell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col,

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 1 (Day) 1880 (Year)

8. AGE: Years 64 Months 9 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace Columbus (City, town, or county) Miss. (State or foreign country)

10. Usual occupation .....

11. Industry or business Domestic

FATHER
12. Name Pet Billips
13. Birthplace Columbus (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Robert Bell
(b) Address 1025 a So, Calif, Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) JAN 4 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 31st
year 1944 hour 4 minute 35 AM.

21. I hereby certify that I attended the deceased from Dec 29, 1944 to Dec. 31st, 1944;
that I last saw her alive on Dec 31st, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 W. Albrecht (M. D. or other)
Address 2316 Market Date signed 1/2/45

(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 Fulton T. Culkin

Licensed Embalmer No. 7198

P. O. Address 1215 Jones St Louis 13 Mo.

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.