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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

FILED SEP 14 1945

State File No. 23423

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7593

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: St. Louis City Hospital
(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:

(a) State Pennsylvania (b) County Blair 999
(c) City or town Altoona
(If outside city or town limits, write "RURAL")
(d) Street No. 0 NR.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie Lee Bell
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife George Bell
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased January (Month) 16 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
46	7	14	hr. min.

9. Birthplace Norman (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Beauty Shop Owner
11. Industry or business
MOTHER FATHER
12. Name Jerry Bassett
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name Eliza Mabe
15. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country)
16. (a) Informant Mrs. Eva Blake
(b) Address 2215 Oakdale St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 30 1945 (Date received local registrar) (b) J. F. Bescick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1945 hour / minute 15 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

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

116.1

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 Dr. Alfred J. Kerry (M. D. or other)
Address Deputy Coroner Date signed 8-30-45

(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 John Ogonoski

Licensed Embalmer No. 2398

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.