

S. No. 2
M-5-43
7. 5-17-39
I X36571

FILED JAN 25 1946
318

Registration District No. _____
Primary Registration District No. _____

1002

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

2287

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Cleola Bell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 31 1908
(Month) (Day) (Year)

8. AGE: Years Months 12 Days 23

37 4 23

hr. min.

9. Birthplace Clarksville TENN 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Bell

13. Birthplace Clarksville TENN 1
(City, town, or county) (State or foreign country)

14. Maiden name IDA

15. Birthplace Clarksville TENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Georgie Richardson

(b) Address 1113 S. MONTROSE, AVE

17. (a) Burial (b) Date thereof JAN 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas, Ave

19. (a) JAN 16 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. 1117 S Montrose
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1946 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-11, 1946 to 1-13, 1946;
that I last saw her alive on 1-13, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Duration Unk

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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 W. J. Deibel (M. D. or other) _____
Address 2607 N. Whittier Date signed _____

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, wv

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.