

No. 2
1-5-43
5-17-39
1 X366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10896
Registrar's No. 2990

FILED APR 5 1946
318

Registration District No. Primary Registration District No.

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:
3310 Vista 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 _____
years, months or days

3. (a) PRINT FULL NAME Mary M. Bell

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 17 / About 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>About 80</u>	<u>?</u>	<u>10</u>	hr. _____ min.

9. Birthplace New Douglas / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Kelly

13. Birthplace Unknown / Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown / Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Maginnis /

(b) Address 3310 Vista Ave.

17. (a) Removal / (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Douglas, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 29 1946 / (b) J. F. Bredick
(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. 3310 Vista Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 10 1945 to Mar. 27 1946
that I last saw her alive on Mar 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	
Due to <u>Rheumatic heart</u>	
Due to _____	
Other conditions <u>Metros insufficiency</u> <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

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 E. M. Cedeno (M. D. or other) _____
Address 3012 Lafayette Date signed 3-29-46

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

3870

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 G. Gonski

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.