

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

3 1946  
318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 W. Lincoln  
(If rural, give location)  
(e) Citizen of foreign country? No.  
(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Inez Ada BIELL

3. (b) If veteran, name war ---- 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 Frank A. Ell 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 14, 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 8 10 hr. min.

9. Birthplace Caruthersville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name John Orton  
13. Birthplace Caruthersville, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ada Allen  
15. Birthplace Caruthersville, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Ell  
(b) Address Belleville, Ill.

17. (a) removal (b) Date thereof 6/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director W. Gardner  
(b) Address Belleville, Ill.

19. (a) JUN 24 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24<sup>th</sup>  
year 1946 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 8<sup>th</sup>, 1946, to June 24<sup>th</sup>, 1946  
that I last saw her alive on June 24<sup>th</sup>, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Due to Chronic Myelogenous Leukemia

Other conditions (Include pregnancy within 3 months of death)  
7A

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?

While at work (Specify type of place) (Specify type of injury)  
23. Signature Chas. L. Shaper (M. D. or other)  
Address Barnes Hospital Date signed.....

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

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**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.

**Body not embalmed.**

Signed *John Gaedner*

Licensed Embalmer No.....

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.**