

**FILED** JUL 22 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5088**

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether

In this community.....  
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. 5253 Devonshire  
(If rural, give location)

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

3. (a) PRINT FULL NAME Effie E. Bell

3. (b) If veteran, name war.....

3. (c) Social Security No. 494-10-6104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour 8 minute 32A. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Sept. 29 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20 1946 to July 4 1946  
that I last saw him alive on July 4 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>9</u>	<u>6</u>	hr. min.
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Immediate cause of death:  
Carcinoma of lung - lung metastasis to brain

Due to.....

Due to.....

9. Birthplace Jerseyville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Stix-Baer-Fuller

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

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name Henry Bell

13. Birthplace Jerseyville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Scott

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Loula Seyforth

(b) Address 5253 Devonshire

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 7/8/46  
(Month) (Day) (Year)

(c) Place, burial or cremation Jerseyville, Ill.

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?.....

18. (a) Signature of funeral director Wacker-Heldner

(b) Address 3654 Gravois Ave.

19. (a) JUL 6 1946 (b) J. F. Brodeur  
(Received local registrar) (Registrar's signature)

While at work?.....  
(Specify type of place) (c) Means of injury.

23. Signature Alfred J. ... (M. D. or other) MD

Address 638 N. Grand Date signed 7/5/46

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

23882

**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.....

*Robert Crockerly*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*Adams St*

**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.**