No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18599

FILED JUN 13 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5422

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: aao
(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No.: 1117 N. Leonard. 9 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME: Emma Bell
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 24 (Day) 1897 (Year)
8. AGE: Years 50 Months 1 Days 3 If less than one day: hr. min.
9. Birthplace: Cairo (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Housework.
11. Industry or business:
FATHER 12. Name: Edward Mitchell
13. Birthplace: UNK (City, town, or county) UNK (State or foreign country) 9
MOTHER 14. Maiden name: Effie Hayes
15. Birthplace: Cairo (City, town, or county) Ill (State or foreign country)
16. (a) Informant: Virgalia Robinson
(b) Address: Chicago, Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jun. 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Pk
18. (a) Signature of funeral director: English and Co
(b) Address: 2931 Lucas Ave
19. (a) JUN 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th year 1947 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from 5/1, 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: Cholelithiasis, Acute Cholecystitis, Acute Hepatis	
Due to: NATURAL CAUSES	
Due to:	
Other conditions (Include pregnancy within 3 months of death): DH	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Patrick C. Dwyer (M. D. or other)
Address: Dwyer Date signed 5/31/47

Jefferson City Printing Co.

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, WE

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.