S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9968

Registrar's No. 2851

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 Marys Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ill (b) County: St Clair 999

(c) City or town: East St Louis 1 (If outside city or town limits, write "RURAL")

(d) Street No.: 1624 Baker Ave. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country:

3. (a) PRINT FULL NAME: BEULAH BELL.

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female 3

5. Color or race: Negro

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

6. (b) Name of husband or wife: James Bell

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Oct (Month) 14 (Day) 1909 (Year)

8. AGE: Years 38 Months 5 Days 5 If less than one day ... hr. ... min.

9. Birthplace: Columbia (City, town, or county) Miss. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Fred L. Johnson
13. Birthplace: Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rosie Pendleton
15. Birthplace: Miss. (City, town, or county) (State or foreign country)

16. (a) Informant: James Bell
(b) Address: 1624 Baker Ave. East St Louis Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar 23 48 (Month) (Day) (Year)
(c) Place: burial or cremation: East St Louis Ill

18. (a) Signature of funeral director: J. Marshall
(b) Address: 2205 Mo Ave East St Louis Ill

19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage
Stomach following Ulcer
Internal Hemorrhage Resection
Duration: Operation St Mary Infirmary
March 19, 1948 Short 1/12 O.W.

Due to:

Other conditions (Include pregnancy within 3 months of death): 149

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: 0

23. Signature: Robert E. Taylor (M. D. or other)
Address: Date signed: 3/23/48

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 Thomas Marshall Hobson

Licensed Embalmer No. 4479

P. O. Address St Louis Mo.

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.