

FILED AUG 12 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24099

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

6934

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:
Enroute Homer G. Phillips hospital
(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 Ann Bell

3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color of
race Negro6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive 68 years

7. Birth date of deceased

JuneJune12 1944

8. AGE:

Years

Months

Days

If less than one day

54

1

24

hr. _____ min.

9. Birthplace

Tyler Tex

(City, town, or county)

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant X Frank Bell(b) Address 3535 Gratiot St. 317. (a) Burial (Burial, cremation, or removal) (b) Date thereof II 48
(Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cem18. (a) Signature of funeral director Pinkey L. Toney(b) Address 3129 Lucas Ave19. (a) AUG 7 - 1948 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Mo
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3535 Gratiot
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 48 hour 12 minute 45 M.21. I hereby certify that I attended the deceased from May 1
1948 to Aug 6 1948that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Rheumatic Heart DiseaseDue to Rheumatic Fever

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. Alford (M. D. or other) U
Address 3537 Maple Date signed 8/6/48

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.....

Clara W. Mann

Licensed Embalmer No.

337

P. O. Address.....

St. Louis

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.