

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10828

State File No. 3919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN St Louis Mo		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis Mo n 18	
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 2336 (near) Cole		d. STREET ADDRESS 2336 Cole St (near)			
3. NAME OF DECEASED (Type or Print) Lee Bell		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3-30-1949			
5. SEX Female		6. COLOR OR RACE Cauc		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 1910-10-15		9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Starkville Miss	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Milton Bell		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jimmie Lee Williams		ADDRESS 2336 Cole St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Regurgitation Cirrhosis of the Liver DUE TO (c) Ascites  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5816		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19 1949, to March 30 1949, that I last saw the deceased alive on March 30, 1949 and that death occurred at 11:10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE J. E. Moore		(Degree or title) M.D.		23b. ADDRESS 809 N. Jefferson Ave	
23c. DATE SIGNED April 1-1949		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-49	
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 4 1949 J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Beal		ADDRESS Und Co 2726 Lues	

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300  
b. 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*Theodore Gansdell*

Signed.....

Student Embalmer

Licensed Embalmer No. *4243*

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.