S. No. 300
. 10.48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34918

BIRTH NO. 67007-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9040

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ Overland
d. STREET ADDRESS (If rural, give location) ~~St. Lukes Hospital~~

3. NAME OF DECEASED (Type or Print) a. (First) ~~Baby girl~~ b. (Middle) Infant c. (Last) Bell #1

4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct. 20, 1949
9. AGE (In years last birthday) X; IF UNDER 1 YEAR Months X Days X; IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil
10b. KIND OF BUSINESS OR INDUSTRY XXXXXXX
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David H. Bell
13b. MOTHER'S MAIDEN NAME Laura J. Downey
14. NAME OF HUSBAND OR WIFE XXXXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME David H. Bell ADDRESS 2025-Ashby Rd-Overland, Mo.

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) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 6½ mo gestation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 776X

22. *I hereby certify that I attended the deceased from* 10-19, 1949, *to* 10-20, 1949, *that I last saw the deceased alive on* 10-20, 1949, *and that death occurred at* 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Geo H Klinkerfuss MD
23b. ADDRESS 340 Bermuda Ave
23c. DATE SIGNED 10-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 10-21-49
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
24d. LOCATION (City, town, or county) (State) Wellston, Mo.

DATE REC'D BY LOCAL REG. OCT 21 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros. Inc. ADDRESS 2504-Woodson Rd-Overland-14-Mo.

(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 3454 .....,

Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

no Embalming

Signed David C. Gibson

Licensed Embalmer No. 3454

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.