

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2267

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **366**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis	
c. LENGTH OF STAY (in this place) 7 weeks		d. STREET ADDRESS (If rural, give location) 1315 N. 37th Str.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Pearl	b. (Middle)	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH April 1, 1886	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS/OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Greenfield, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Benjamin Perkins	13b. MOTHER'S MAIDEN NAME Fannie Mayberry	14. NAME OF HUSBAND OR WIFE Tillman B. Bell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Helen P. Wargand	ADDRESS E. St. Louis
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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) Carcinoma Splemic Flexure		INTERVAL BETWEEN ONSET AND DEATH 20 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION May 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon distal to Splemic Flexure	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 152X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **April 25, 1949**, to **Jan. 12, 1950**, that I last saw the deceased alive on **Jan 4, 1950**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Hakadama (Degree or title)	23b. ADDRESS 1st Humboldt Bldg	23c. DATE SIGNED 1/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 14, 50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Belleville Illinois
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DATE REC'D BY LOCAL JAN 13 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS East St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

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

Signed.....

W. H. Kurrus

Signed.....
Student Embalmer

.....
Licensed Embalmer No. 2162

.....
P. O. Address E. St Louis Ill

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.