

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1950

State File No. **41999**
Registrar's No. **10405**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) 30 year	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 4442 Page	

3. NAME OF DECEASED (Type or Print) a. (First) Rosella	b. (Middle)	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1950
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8/26/1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 3 Days 9	IF UNDER 18 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Inspector		10b. KIND OF BUSINESS OR INDUSTRY Bd. of Cosmetology, Mt. Pleasant, Tenn.		11. BIRTHPLACE (State or foreign country) USA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom Warren	13b. MOTHER'S MAIDEN NAME Martha Street	14. NAME OF HUSBAND OR WIFE Luther G. Bell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Luther G. Bell, 4442 Page Blvd.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative shock		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Adenocarcinoma of rectum with widespread metastasis		3 yrs.
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION 11/30/50	19b. MAJOR FINDINGS OF OPERATION (coeliotomy)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 154X

22. I hereby certify that I attended the deceased from **Nov. 21, 1950**, to **Dec. 3, 1950**, that I last saw the deceased alive on **Dec. 3, 1950**, and that death occurred at **9:40 am.**, from the causes and on the date stated above.

23a. SIGNATURE G. L. Schrick Jr. M.D.	(Degree or title)	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 12/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 12/7/50	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. DEC 6 1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Ave
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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 _____

John K. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.