

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38698  
State File No. 9932  
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. 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, Ill. - 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Inf.		d. STREET ADDRESS (If rural, give location) 1702 Central	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) ELIA c. (Last) BELL			4. DATE OF DEATH (Month) (Day) (Year) 11 1 51		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 18, 1892	9. AGE (In years last birthday) 59	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mississippi	

13a. FATHER'S NAME Lynch Graham	13b. MOTHER'S MAIDEN NAME Altona Heard	14. NAME OF HUSBAND OR WIFE Unavailable
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. None
17. INFORMANT'S SIGNATURE OR NAME Lynch Graham		ADDRESS 1641 Central

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetes Mellitus Secondary to Uterus</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes</i>		
	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 Oct 15 1951	19b. MAJOR FINDINGS OF OPERATION <i>Scarce of tissue - absolute</i>		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? 174x

22. I hereby certify that I attended the deceased from 10:30 p.m., 1951, to 11:45 p.m., 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. F. Worden</i>	23b. ADDRESS <i>938 N. 2nd St.</i>	23c. DATE SIGNED <i>11/2/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>11/7/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington</i>
24d. LOCATION (City, town, or county) (State) <i>Centreville Ill.</i>		

DATE REC'D BY LOCAL REG. <i>11/2/51</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>R. M. Green</i>	ADDRESS <i>3517 S. Maple</i>
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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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edgar H Green*

Licensed Embalmer No. *4531*

P. O. Address

*3517 Lauder*

**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.