

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9665

State File No.

FILED APR 12 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2107**

1. PLACE OF DEATH a. COUNTY DICKSON COUNTY MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 29 YRS		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 N. Newstead Ave.		d. STREET ADDRESS (If rural, give location) 1116 N. NEWSTEAD AVE	

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) VERNON c. (Last) BELL			4. DATE OF DEATH (Month) (Day) (Year) 2. 28. 52		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 14. 1922	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY LABOR	11. BIRTHPLACE (State or foreign country) ST LOUIS MO.	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME HERMAN BELL	13b. MOTHER'S MAIDEN NAME SUSIE MC HENRY	14. NAME OF HUSBAND OR WIFE
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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 405-5212-9793	17. INFORMANT'S SIGNATURE OR NAME SUSIE BELL	ADDRESS 907 A N. JEFFERSON AVE
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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) Interstitia Pneumonitis		
	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	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:18 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Porter</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE MAR 6th 1952	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	24d. LOCATION (City, town, or county) (State) ST LOUIS Co., Mo.
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DATE REC'D BY LOCAL REG. MAR 5 1952	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Porter</i>	ADDRESS PORTER FUNERAL HOME 3028 DICKSON ST
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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.....

H. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No.....

3489

P. O. Address.....

4575 Alder

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.