

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17741**  
Registrar's No. **2893**

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>App. 4 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>St. Louis,</b> <b>2219</b>	
d. STREET ADDRESS <b>21 2825 Lawton</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mose Bell</b> b. (Middle) c. (Last) <b>Bell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 19 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>November 14, 1899</b>
9. AGE (In years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <del>XXXXXXXXXX</del> <b>Mose Bell</b>		13b. MOTHER'S MAIDEN NAME <del>XXXXXXXXXX</del> <b>Josephine McMiller</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Annie Mae Lockhart 4476a Cook</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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? <b>002x</b>	
22. I hereby certify that I attended the deceased from <b>3-11</b> , 19 <b>52</b> , to <b>3-19</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-19</b> , 19 <b>52</b> , and that death occurred at <b>12 Noon</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lorenzetta Harris M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>5-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/2/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-31-52</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MA</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. B. Keener 1221 N. Wood</b>	

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 Clarence Cross

Licensed Embalmer No. 4755

P. O. Address 1221 N. 4th

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.