

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39963

10179

|  |  |   |                         |   |                       |   |  |
|--|--|---|-------------------------|---|-----------------------|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |                         | PRIMARY REG. DIST. NO. <b>1003</b>  |                       | Registrar's No. <b>10179</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>None</b>   |  |   |                         | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>None</b>   |                       |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)   |                         | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>   |                       | 2219  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>   |  |   |                         | d. STREET ADDRESS (If rural, give location) <b>2712a Sheridan Avenue</b>  |                       |   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Mary</b>  |  |   | b. (Middle) <b>Bell</b> |   | c. (Last) <b>Bell</b> |   |  |
| 4. DATE OF DEATH <b>Oct. 31 1952</b>   |  |   | 5. SEX <b>Female</b>    |   |                       |   |  |
| 6. COLOR OR RACE <b>Negro</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   |                         | 8. DATE OF BIRTH <b>Nov. 10, 1879</b>   |                       | 9. AGE (In years last birthday) <b>72</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown, Mississippi</b>  |                       | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>Unavailable</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>  |                         | 14. NAME OF HUSBAND OR WIFE <b>Unavailable, Bell</b>  |                       |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>   |                         | 17. INFORMANT'S SIGNATURE OR NAME <b>Rose Ann Eagles</b> ADDRESS <b>2712a Sheridan Av</b>   |                       |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b>                                      |  |   |                         |   |                       |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Coronary Occlusion and</b>  |  | INTERVAL BETWEEN ONSET AND DEATH  |                         |   |                       |   |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b> |                         |   |                       |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |                         |   |                       | 20. AUTOPSY?<br>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)   |                       | 21f. HOW DID INJURY OCCUR <b>4201</b>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                         | 22. I hereby certify that I attended the deceased from <b>9-24</b> , 19 <b>52</b> , to <b>10-31</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-31</b> , 19 <b>52</b> , and that death occurred at <b>12:15pm.</b> , from the causes and on the date stated above. |                       |   |  |
| 23a. SIGNATURE <b>Herbert A. Harris M. D.</b> (Degree or title)  |  |   |                         | 23b. ADDRESS <b>2601 N Whittier St</b>  |                       | 23c. DATE SIGNED <b>11-3-52</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>11/6/52</b>  |                         | 24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>  |                       | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>                 |  |
| DATE REC'D BY LOCAL REG. <b>NOV 5 1952</b>   |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>  |                         | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros., 3644 Finney Ave.</b> ADDRESS  |                       |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham  
Licensed Embalmer No. 4476

P. O. Address 4223 Emerald

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.