S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1952

XC-15563678

Reg. #107005

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41079

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3139

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS 23, MO.
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROUTE 9, LEMAY
d. STREET ADDRESS (If rural, give location): BOX 556 A, ROUTE 9

4000 ?

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): E.
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): 12-6-52

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-29-95

9. AGE (In years last birthday): 56 YRS. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: METAL WORKING

11. BIRTHPLACE (City and State or Foreign Country): VOLANT, PA.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES BELL

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: ELSIE H. BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ARTERIOSCLERATIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 6 YEARS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: CHRONIC BRONCHITIS & PULMONARY EMPHYSEMA

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4200

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1952, *to* 12-6-, 1952 *and that death occurred at* 8:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Handley (Degree or title): M.D.

23b. ADDRESS: VET. ADM. HOSPITAL, JEFF. BRKS., MO.

23c. DATE SIGNED: 12-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-9 52

24c. NAME OF CEMETERY OR CREMATORY: NATIONAL

24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY

DATE REC'D BY LOCAL REG.: 12-8-52

REGISTRAR'S SIGNATURE: Herbert R. Donke-M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: P.T. Southern Funeral Home 6321 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.