

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7344**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1346**

FILED FEB 25 1953

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
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 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 6514 Broadway	
3. NAME OF DECEASED (Type or Print) Emma		a. (First) Emma	b. (Middle) Bell
c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1953	
5. SEX Female	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH Aug. 31, 1895		9. AGE (In years last birthday) 57	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISS
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Sophie Holmes Hickok		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH Undet.
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. None			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 443X			
22. I hereby certify that I attended the deceased from 1-29- , 19 53 to 1-31 , 19 53 , that I last saw the deceased alive on 1-31 , 19 53 , and that death occurred at 6:15 am. , from the causes and on the date stated above.			
23a. SIGNATURE Charles Howard M.D.		23b. ADDRESS 2601 N Whittier St.	
23c. DATE SIGNED 2-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE 2-5-53	
24c. NAME OF CEMETERY OR CREMATORY SAKDUKE		24d. LOCATION (City, town, or county) (State) St. Louis County MO	
DATE REC'D BY LOCAL REG. FEB 4 1953		25. FUNERAL DIRECTOR'S SIGNATURE MORNING LOVE	
REGISTRAR'S SIGNATURE Charles Smith		ADDRESS 3107 Washington	

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

W. Claude Gordon

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.