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FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>13 5400 Arsenal St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>Alma</b>	b. (Middle)	c. (Last) <b>Bell</b>	(Month) <b>4</b>	(Day) <b>7</b> (Year) <b>1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>9/4/1869</b>	9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Invalid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>Citizen</b>

13a. FATHER'S NAME <b>Charles Diedrich</b>	13b. MOTHER'S MAIDEN NAME <b>Clara (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Lawrence 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>Margaret Lutz</b> ADDRESS <b>308 Laurel St. St. Louis, 12</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vacilar accident, left side, 13 days</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>H.C.V.D., with Cardiac enlargement, duration 5 years.</b>		
	DUE TO (b) _____ 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 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>331X</b>

22. I hereby certify that I attended the deceased from Sept., 1951, to April 7, 1955, that I last saw the deceased alive on 4/7/55, 1955, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>Philip R. Galt, M.D.</b> (Degree or title)	23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>4/8/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April, 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri</b>		

DATE REC'D BY LOCAL REG. <b>APR 9 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt Bros. L. &amp; U. Co.</b> ADDRESS <b>2929 S. Jefferson Av.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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 *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

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.