

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1955

State File No. 41811
10502

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY OR TOWN GLENDALE 465		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 800 BROWNELL						
3. NAME OF DECEASED (Type or Print) Alice			a. (First)		b. (Middle) E.		c. (Last) Bell			
4. DATE OF DEATH		(Month) (Day) (Year)		Nov. 29, 1955						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 30, 1890		9. AGE (In years last birthday) 65		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE		10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and State or Foreign Country) BLOSSBURG NEW MEXICO		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME HUGH H SMITH			13b. MOTHER'S MAIDEN NAME RACHEL TURNER			14. NAME OF HUSBAND OR WIFE WILLIAM E BELL				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CATHERINE HALLADAY 800 BROWNELL						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia				DUE TO (b) Chronic Myelogenous Leukemia				3 yrs.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) Lobar Pneumonia				1 wk		
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 204.1						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?						
22. I hereby certify that I attended the deceased from Nov. 22, 1955, to Nov. 29, 1955, that I last saw the deceased alive on Nov. 29, 1955, and that death occurred at 2:55P m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) C. P. Vermillion, M.D. M. D.				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 11/29/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE DEC 2 1955		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY		24d. LOCATION (City, town, or county) (State) 7800 ST CHARLES ROCK RD MO				
DATE REC'D BY LOCAL REG. DEC 1 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 889 So BRENTWOOD BLVD CLAYTON 5 MO					

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.....
Signature of Student Embalmer

Signed.....

J. W. Binkley

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.