

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NO. 43492

REGISTRAR'S NO. 11156

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's \_\_\_\_\_

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | c. CITY OR TOWN <u>Chicago</u> <u>8120 S</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                      |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Length of stay in 1b  |   | d. STREET ADDRESS (If outside, give location) <u>936 Lake Shore Dr.</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>          |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Julia</u> Middle <u>Bell</u> Last <u>McWilliams</u>  |   |  | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>6</u> Year <u>1956</u>                               |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 4, 1885</u>  |
| 9. AGE (In years last birthday) <u>71</u>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Des Moines, Iowa</u>                                |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   | 13. FATHER'S NAME <u>Mifflin Emlen Bell</u>  |   |
| 14. MOTHER'S MAIDEN NAME <u>Adelaide VanHoff</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)                                       |   |
| 16. SOCIAL SECURITY NO. <u>none</u>  |   | 17. INFORMANT <u>Hugh L. McWilliams (husband)</u> Address <u>936 Lake Shore Dr. Chicago, Ill.</u>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Thrombosis of right middle cerebral artery</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Generalized Arteriosclerosis and Cerebral Arteriosclerosis</u><br>DUE TO (c) <u>332X</u> |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u><br><u>8 yrs.</u>                                |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)      |  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION  | COUNTY   | STATE   |
| 21. I attended the deceased from <u>Nov. 30, 1956</u> to <u>Dec. 6, 1956</u> and last saw <sup>her</sup> <del>him</del> alive on <u>Dec. 6, 1956</u><br>Death occurred at <u>5:55 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>JR. Purdy</u> M. D.   |   | 22b. ADDRESS<br><u>BARNES HOSPITAL</u>   | 22c. DATE SIGNED<br><u>12/6/56</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>cremation</u>  | 23b. DATE<br><u>12-6-56</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Crematory</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co. Mo.</u>                         |
| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton &amp; Sons</u>  | ADDRESS<br><u>7233 Delmar Blvd.</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>DEC 6 1956</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith MD</u><br><u>m 80</u>                                  |

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Arnold W. Schoen*

Licensed Embalmer No. *38*

P. O. Address *H. Lee*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.