

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6814

State File No.

FILED FEB 25 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 361

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|--|--|---|--|------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> | | b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. LENGTH OF STAY (In this place) <u>12 Dys.</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| e. STREET ADDRESS <u>224 Boyer La.</u> | | (If rural, give location) | | | |

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| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Dovie</u> | | b. (Middle) <u>Dorris</u> | | c. (Last) <u>Bell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 6 - 57</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Col.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Oct. 3, 1890</u> | | 9. AGE (In years last birthday) <u>67</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisville Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julious Bell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>499-05-3234</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Marrie Harper</u> | |
| | | | | ADDRESS <u>403 E. Smith Butler Mo.</u> | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> | |
| | | ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | 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) (Min.) | | 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 1-24, 1957, to 2-6, 1957, that I last saw the deceased alive on 2-6, 1957, and that death occurred at 1:55 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Robert N. Doherty</u> | | (Degree or title) <u>md</u> | | 23b. ADDRESS <u>601 So. Brentwood</u> | | 23c. DATE SIGNED <u>2-7-57</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 11, 57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>2-8-57</u> | | REGISTRAR'S SIGNATURE <u>Herbert B. Doherty</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u> | | ADDRESS <u>408 S. Fillmore Ave Kirkwood 22, Mo.</u> | |
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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.....
Licensed Embalmer No. 444
P. O. Address 408 25 Ave

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.