FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-008142

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 489

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~St. Louis~~ KIRKWOOD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 415 Van Buren — Length of stay in 1b: 10 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST LOUIS
c. CITY OR TOWN St. Louis 4713 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 415 Van Buren — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Hattie Middle Bell Last Aitch
4. DATE OF DEATH: Month Feb Day 14 Year 1958
5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: June 18, 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): New Haven. Mo.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Ned Lei Bell
14. MOTHER'S MAIDEN NAME: Nancey ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Beauford Aitch 415 Van Buren — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Cerebral accident with paralysis of entire right side 8-2-57
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-21-57 to 2-14-58 and last saw her/him alive on 2-13-58
Death occurred at 11:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E. B. Wahrs M. D. (Degree or title)
22b. ADDRESS 126 E. Jefferson Kirkwood, Missouri
22c. DATE SIGNED 2-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 2/20/58
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24 FUNERAL DIRECTOR Wright Funeral Home ADDRESS 3100 Easton Ave.
25. DATE RECD. BY LOCAL REG. 2-17-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Hellian

Licensed Embalmer No. 47

P. O. Address 3100 Eo

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.