

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023111
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6609

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1. PLACE OF DEATH a. COUNTY 4442 Page		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis, Missouri		c. CITY OR TOWN Saint Louis, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4442 Page		d. STREET ADDRESS 4442 Page	
3. NAME OF DECEASED (Type or print) Lelia Bell		4. DATE OF DEATH June 27, 1958	
5. SEX Female	6. COLOR OR RACE 3 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
10c. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bennistown, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Killerlew		13b. MOTHER'S MAIDEN NAME Annie Boyd	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Henry E. Bell Address 4055 Maffitt
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Heart Disease DUE TO (c) 443 X			INTERVAL BETWEEN ONSET AND DEATH 1 Day - 3 Mbs.
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? 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 Hour a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 Mar 25/58 to June 27/58 and last saw her alive on 6-27-58 Death occurred at 6:00 a.m. - 6-27-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. E. Hales, M.D. (Degree or title)		22b. ADDRESS 8220 N. Jefferson	22c. DATE SIGNED 6/30/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) Berkley, Missouri
24. FUNERAL DIRECTOR E. B. Roame ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REG. JUL-1 '58	26. REGISTRAR'S SIGNATURE Paul Smith, Mo MSB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Every cause, etc. must be clearly stated in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Melvin Blum*
Licensed Embalmer No. *3967*
P. O. Address *1221 N. 1st St.*

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.