Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042625

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3205

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kirkwood 22, 4703 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 117 E. Big Bend — Length of stay in Ib 20 yrs.	d. STREET ADDRESS (If outside, give location) 117 E. Big Bend Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First AMELIA Middle CATHERINE Last BELL

4. DATE OF DEATH Month Dec. Day 6 Year 1958

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] | 8. DATE OF BIRTH Aug. 12, 1867 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Red Bed, Ill. | 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry A. Hecke | 13b. MOTHER'S MAIDEN NAME Elizabeth Wetzel | 14. NAME OF HUSBAND OR WIFE Frank Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Elsie Aselman-117 E. Big Bend Rd. Address Kirkwood, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c) 4300

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 [ ] NO [ ] 0

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 8-8-51 to 12-6-58 and last saw her alive on 12-6-58

Death occurred at 9:P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Royal C. McLean M.D. (Degree or title) | 22b. ADDRESS Kirkwood Mo | 22c. DATE SIGNED 12/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/9/1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 23d. LOCATION (City, town, or county) Red Bud, Ill. (State)

24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-8-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.