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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003939
STATE FILE NUMBER

FILED JAN 26 1959 istration District No. 317 Primary Registration District No. 500 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn's Nurs. Home — Length of stay in 1b: 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Hillsdale 4161 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 2209 Edmund (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY; Middle; Last BELL

4. DATE OF DEATH Month Jan. Day 19 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH Mar. 24, 1879

9. AGE (In years last birthday) 79 — 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) Germany 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Karl Kamp

13b. MOTHER'S MAIDEN NAME Nanette Herman

14. NAME OF HUSBAND OR WIFE Thomas G. 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 Edward Bell — Address 750 N. Dickson-Kirkwood Missouri

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — unknown
DUE TO (c) 443X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Repeated Cerebral hemorrhages 1 year

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Jan 10, 1959, to Jan 19, 1959 and last saw her alive on Jan 13, 1959
Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis Littmann (Degree or title) MD

22b. ADDRESS 8231 Clayton Rd (17)

22c. DATE SIGNED 1/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Jan. 22, 1959

23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.

23d. LOCATION (City, town, or county) St. Louis ; (State) Missouri

24. FUNERAL DIRECTOR Pfitzinger — **ADDRESS** Mort-Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG. 1-20-59

26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

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.