

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014677

STATE FILE NUMBER

2-3478

FILED APR 24 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300

1-57

0

193

0

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP # 1			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2410 Biddle #206			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOSEPH BELL				4. DATE OF DEATH APRIL 5, 1959			
5. SEX Male <sup>2</sup>	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 18/11/1894		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barbar		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Shrevesport, La		12. CITIZEN OF WHAT COUNTRY? U.S. A		
13a. FATHER'S NAME Ruben Bell		13b. MOTHER'S MAIDEN NAME Katie Grant		14. NAME OF HUSBAND OR WIFE Annie Bell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Annie Bell 2410 Biddle St. #206				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pulmonary Edema.</i> DUE TO (b) <i>Generalized Atherosclerosis</i> DUE TO (c) <i>Coronary-femoral artery + Vein thrombosis</i>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? 4500 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>1/3/59</u> , to <u>1/5/59</u> and last saw her alive on <u>1/5/59</u> Death occurred on <u>8:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Paul Stein M.D.</i> (Degree or title)				22b. ADDRESS 6 1515 LAFAYETTE AVE		22c. DATE SIGNED 1/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/13/59	23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		
24. FUNERAL DIRECTOR Grant Johnson 4352 Wash. Blvd.			25. DATE RECD. BY LOCAL REG. APR 8 '59		26. REGISTRAR'S SIGNATURE <i>Karl Smith M.D.</i> -1192		

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 ..... *F. A. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address *4214 Delaware 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.