URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041542

STATE FILE NUMBER

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210524

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, MO — Length of stay in 1b 30 yrs

c. CITY OR TOWN Overland 14 — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hosp — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1825 Karondo Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edna Middle Mary Last Bell

4. DATE OF DEATH Month 11 Day 14 Year 59

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-14-59

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - -

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ernest Omar Bell

13b. MOTHER'S MAIDEN NAME Carol Mary Dolegee

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)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Ernest Omar Bell 1825 Karondo Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Erythroblastosis fetalis c̄ — INTERVAL BETWEEN ONSET AND DEATH 1 hr

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

DUE TO (b) Splenomegaly

DUE TO (c) 770.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 11/14/59, to 11/14/59 and last saw her alive on 11/14/59

Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Parashak MD

22b. ADDRESS 5203 Chippewa

22c. DATE SIGNED 11/15/59

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

23b. DATE Nov. 16, 1959

23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E.Fair Av

25. DATE RECD. BY LOCAL REG. NOV 16 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

NOT EMBALMED

Student_____ Signed MATH HERMANN & SON, INC.,

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.