

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038285

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9541 STATE FILE NUMBER

FILED OCT 28 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay-in lb.	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4733a Vernon Ave.</u>

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last BELL

4. DATE OF DEATH Month 10 Day 13 Year 1961

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-21-1904 9. AGE (last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed 10b. KIND OF BUSINESS OR INDUSTRY Auto Service Garage 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Bell 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Hortence Bell

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 Address Mrs. Hortence Bell - 4733a Vernon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HYPERTENSIVE ENCEPHALOPATHY - 2 WEEKS

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

DUE TO (c) MALIGNANT HYPERTENSION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA, PERICARDITIS, C.H.F., PARALYTIC ILEUS

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.) 445X

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 10/2/61 to 10/13/61 and last saw her alive on 10/13/61
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Deg. & title) Clifford R. Jellert, Jr., MD 22b. ADDRESS 216 S. Kings Highway 22c. DATE SIGNED 10/13/61

23a. BURIAL INFORMATION, REMOVAL (Specify) Removal 23b. DATE 10-19-61 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery 23d. LOCATION (City, town, or county) Berkeley, Mo.

24. FUNERAL DIRECTOR ATKINS BROS. ADDRESS 3644 Finney Ave. 25. DATE RECD. BY LOCAL REG. OCT 16 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.