MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8619

File No. 2290

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 3504 Pestalozzi St. Ward)

Registration District No. 781

Primary Registration District No. 1003

2. FULL NAME John R. Bell

(a) Residence. No. 3504 Pestalozzi St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Plesia Bell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Freight Representative

(b) General nature of industry, business, or establishment in which employed (or employer) Merchants & Miners Transp. Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Simon Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Hanora Foley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Plesia M. Bell
(Address) 3504 Pestalozzi

15. FEB 19 1929 FILED, 19 Thos C. Stokes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 18, 1929, that I last saw h. alive on Feb 17, 1929, and that death occurred, on the date stated above at 1.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Primary, Lobar, Nominal.

936

107A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) anemia secondary, arteria sclerosis myocarditis chronic

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood & physical signs

(Signed) Louis H. Behrens, M. D.

Feb 19, 1929 (Address) 102 No. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem.

DATE OF BURIAL 2 - 20 1929

20. UNDERTAKER Peetz Bros.

ADDRESS 3029 Kal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12 m — 3.30 p.m.
Tuesday.