

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 12 1938

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

23553  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008  
(c) City St. Louis Mo (d) Street No. Franklin St. Phillips Registered No. 6247  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PERRY BELL H. O. P.  
(a) Residence, No. 134577 GAYLISON AVE St. 21 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Bell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1892  
7. AGE YEARS 46 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point MISS.

FATHER 13. NAME George Bell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point MISS.

MOTHER 15. MAIDEN NAME UNKNOWN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT Pearl Bell  
(ADDRESS) 134577 Gaylison

18. BURIAL, CREMATION, OR REMOVAL Greenwood Cem  
PLACE Father Dickson DATE 7-18-38

19. FUNERAL DIRECTOR Home Und. Co  
(ADDRESS) 3703 Washington Blvd

20. FILED JUL 13 1938  
J. D. Bell  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/38 19  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:35 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Diffused Arterio-Sclerosis  
Chronic Myo Cardia  
Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Y  
If so, specify Alcohol  
(Signed) Alfred Perry  
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER.

I, Isaac Jerome Manlove, Licensed Embalmer No. 3994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by Frank Givens, Registered Apprentice No. 156

working under my personal supervision.

Signed Isaac Jerome Manlove  
Licensed Embalmer No. 3994

**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.)**