

BUREAU OF THE CENSUS
OCT 14 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7725

1. PLACE OF DEATH:

(a) County FIRMIN, DESLOGE, Hasp
(b) City or town St. Louis, Mon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME PERRY, W. BELL 400

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-3991

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ma. Bell 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 27 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve, Mon
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Hasten, Cook, Pwr

12. Name William Bell

13. Birthplace St. Genevieve, Mon
(City, town, or county) (State or foreign country)

14. Maiden name Belton, Hemmick

15. Birthplace St. Genevieve, Mon
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russell Bell

(b) Address 3956 St. Louis Ave

17. (a) _____ (b) Date thereof Sept 8-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edw. St. Howard

(b) Address 4319 St. Louis Ave

19. (a) SEP 6 1939 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mon (b) County 1
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 3956 St. Louis Ave 11
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/5/39 day _____
year _____ hour 11:35 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 39

that I last saw him alive on 9/5/39, 19 39

and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever Duration _____

Genital infection

Malnutrition

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Tumor testis

Of autopsy Genital infection

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. H. H. (M. D. or other) _____

Address Firmin Desloges Date signed 9/6/39

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.

RECORDS DEPARTMENT—MAKE A PERMANENT RECORD

Mr 7620

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edw. F. Howard
Licensed Embalmer No. 1443
P. O. Address 4212 St Louis ave

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 this body is not embalmed, above space should be left blank.