

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

37734

Registrar's No. _____

9573

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 days
 (Specify whether
 In this community _____
 years, months or days) Unknown

3. (a) PRINT FULL NAME Jesse Bell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race cal 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 3 1869
 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Helmer Ark
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Labor

12. Name Not known

18. Birthplace _____
 (City, town, or county) (State or foreign country)

14. Maiden name Not known
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hanny Pearson

(b) Address 1401 Blair Ave

17. (a) Burial (b) Date thereof 11-10-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park An

18. (a) Signature of funeral director W. H. Anderson

(b) Address 1401 Blair Ave

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1451 Blair Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
 year 1939 hour 11:45 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from 10-2-, 1939 to 11-3-, 1939
 and that death occurred on the date and hour stated above.
 that I last saw him alive on 11-3-, 1939

Immediate cause of death Malignancy of Colon About 12 Duration
MOS.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 H. J. Lyman (M. D. or other) _____
 Address 2601 N. Whittier Date signed 11-6-1939

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

Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.