

FILED JAN 3 1943 13

Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (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 Unk.
 years, months or days)

3. (a) PRINT FULL NAME Matt Bell

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

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed married, 2 divorced, Married

6. (b) Name of husband or wife..... Marybeth 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... December 20, 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 29 hr. min.

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

10. Usual occupation..... Nil

11. Industry or business..... Nil

MOTHER FATHER { 12. Name Matt Bell
 13. Birthplace..... 9
 (City, town, or county) (State or foreign country)
 14. Maiden name..... 9
 15. Birthplace..... 9
 (City, town, or county) (State or foreign country)

16. (a) Informant William Bell
 (b) Address 1412a Glasgow

17. (a) Removal (b) Date thereof. 12-23-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. E. St. Louis

18. (a) Signature of funeral director E. J. Nash
 (b) Address 3847 Page Blvd.

19. (a) DEC 23 1943 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis, 721
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1412a Glasgow
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19,
 year 1943 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from December
12, 19 43 to December 19, 19 43
 that I last saw him alive on December 19, 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch opneumonia Duration 7 days

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) Means of injury.....

23. Signature A. H. Fleet (M. D. or other) 2/2/43
 Address 260 W. Katter Date signed

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.....

at 3847 Page Bowl

Registered Apprentice No.

working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Bowl*

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, fact should be so stated above.