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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 15 1948

1003

Registrar's No. 5925

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 37 years
(Specify whether years, months or days)

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. 6046 McPherson Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID C. BELL

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

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

6. (b) Name of husband or wife Virginia Belle Bell 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 8 (Month) 26 (Day) 1874 (Year)

8. AGE: Years Months Days If less than one day
69 10 3 _____ hr. _____ min.

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

10. Usual occupation Retired Telephone Pioneer

11. Industry or business Bell Telephone Co.

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

16. (a) Informant Mrs. Virginia Bell
(b) Address 6046 McPherson Avenue

17. (a) Burial (b) Date thereof 7-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Alexander & Sons Inc
(b) Address 6175 Delmar Blvd., St. Louis, Mo

19. (a) JUL 3 1948 (Date received local registration)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1944 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 1st
1944 to June 28 1944
that I last saw him alive on June 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Left Ventricular Failure
due to Chronic Infection

Due to _____
Due to Chronic Ostromyelitis
non-tubercular
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1504
Of operations _____
Of autopsy _____

Duration
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) (c) Means of injury _____
23. Signature S. A. Mensch (M. D. or _____)
Address 539 W. Grand Date signed 7/1/48

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

1-11-1938

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.....
Thomas R. Fenwick

Licensed Embalmer No. *3793*

P. O. Address.....
St Louis, Mo

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.