

FILED AUG 8 1944 318

Registration District No.

Primary Registration District No.

1003

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From 6-16-1944
to 7-23-44
(Specify whether In this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2916A Market Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lewis Bell

3. (b) If veteran, name war _____

3. (c) Social Security

No. 494-09-5334

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23 1912
(Month) (Day) (Year)

8. AGE:

Years 31

Months 11

Days _____

If less than one day

hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER

12. Name T. D. Bell

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Lenora Ingram

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-29-44
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. ...

(b) Address 3133 Bell Ave

19. (a) Aug 29 1944
(Date received local registrar)

(b) J. H. ...
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 16, 1944 to July 23, 1944; that I last saw him alive on July 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Advanced pulmonary tuberculosis

Duration

3 mo.

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 Jessie M. Lane (M. D. or other) _____
Address 5600 Arsenal St. Date signed _____

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

JUL 29 1944

MAR 11 1946

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

Licensed Embalmer No. *2698*

P. O. Address. *2769 Choula*

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.