S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39150

Registration District No. FILED JAN 15 1945 318

Primary Registration District No. 1003

Registrar's No. 11114

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 811 N. 19th Street. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 811 N. 19th St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Bell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Carrie Bell

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

7. Birth date of deceased October 18, 1874 (Month) (Day) (Year)

8. AGE: Years ~~56~~ 70 | Months 2 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Edward Bell
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Henderson
15. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lottie Smith

(b) Address 922 Mound Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) DEC 27 1944 (Date received local registrar) J. F. Brinck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from October 17, 1944, to December 22, 1944; that I last saw him alive on December 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Cardio Renal Disease with Decompensation	Unk.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Curtis (M. D. or other)

Address 4126 West Belle Date signed 12/23

(Licensed Embalmer's Statement on Reverse Side)

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. 1173

P. O. Address 3517 Laclede 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, fact should be so stated above.