S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14918

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4935

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 2 days (Specify whether
In this community 30 years 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. 1309 N. 14th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe Bell

3. (b) If veteran, name war

3. (c) Social Security No. 702-10-1820

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 22 (Day) 1889 (Year)

8. AGE: Years 66 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Trucker Freight house

11. Industry or business

FATHER
12. Name Joe Bell
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Estella Bell
(b) Address 1309 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Park Cem.

18. (a) Signature of funeral director Robinson & Davis
(b) Address 1324 Blair

19. (a) JUN 4 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31, year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 29, 1945 to May 31, 1945; that I last saw him alive on May 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Hypertrophy (autopsy)	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95 c 2

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 B. F. Murphy (M. D.)
Address 260 Whittier Date signed 6/2/45

(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. 2963

P. O. Address. 2915 Franklin

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.