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A-2-43
v. 5-17-39
X35897

21364

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 12312

FILED JUN 20 1946
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Web, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Wood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4363 North Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BELL (Odey Eric)
3. (b) If veteran, name war _____ 3. (c) Social Security No. +

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1946 hour 9 minute 30 A. M.

4. Sex M 5. Color or race C. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

21. I hereby certify that I attended the deceased from 5-7, 1946, to 6-2, 1946;
that I last saw him alive on 6-2, 1946;
and that death occurred on the date and hour stated above.

7. Birth date of deceased August 31 1924
(Month) (Day) (Year)
8. AGE: Years 21 Months 9 Days 2 If less than one day hr. min.

Immediate cause of death Chronic Pulmonary Tuberculosis
Due to _____
Due to _____
Duration Months

9. Birthplace St Louis (City, town, or county) (State or foreign country) Mo
10. Usual occupation Laundry

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name William Beck
13. Birthplace Little Rock (City, town, or county) (State or foreign country) Ark
14. Maiden name Mary Rogien
15. Birthplace Little Rock (City, town, or county) (State or foreign country) Ark

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Wood
(b) Address _____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

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? _____

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave
19. (a) 6-6-46 (Date received local registrar) (b) Robert Wood (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury X
23. Signature Dr. John T. Kalish (M. D. U)
Address Robert Wood Hospital Date signed _____

Dr. John T. Kalish

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

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2023

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No..... 4259

P. O. Address... 4107 Finney 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.