

FILED JUL 7 1947  
Registration District No. **973**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Josephine Heitkamp Hospital  
(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

**3. (a) PRINT FULL NAME:** Luther W. Bell

3. (b) If veteran, name war None

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 Anna Bell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 13  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Gall County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Tool & Die Maker

11. Industry or business Loose Leaf Metal Co.,

**MOTHER FATHER**

12. Name Marcus Bell

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

14. Maiden name Alice Craig

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

16. (a) Informant Anna Craig

(b) Address 6577 Hoffman, St Louis, Missouri

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

(b) Date thereof July 1, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery  
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6464 Chippewa, St. Louis, Missouri

19. (a) \_\_\_\_\_  
(Date received local registrar)

(b) J. F. Braddock  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 6577 Hoffman  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 29  
 year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-9-47 to 6-29-47, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duodenum 6 mo

(a) abstructed Gall Bladder 3 mo

(b) metastasis 3 mo

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN H. J.

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 Constant Dahm (M. D. or other) \_\_\_\_\_  
 Address 1512 So Grand Date signed 6-30-47

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**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..... *Harry J. Schumaker* .....

Licensed Embalmer No. *2679* .....

P. O. Address. *7814 T. Parkway* .....

**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.**