

FILED FEB 9 1948

Registration District No. 2948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

3454

State File No. _____

Registrar's No. 336

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Veterans Administration Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months 21 days
 (Specify whether
 In this community 5 months 21 days
 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")
 (d) Street No. 2326 Chestnut Street 9
 (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BELL, George

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 16 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 16 hr. min.

9. Birthplace Meridian, Mississippi
 (City, town, or county) (State of foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unk 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Registrar
 (b) Address Jefferson Barracks, Mo.
 17. (a) burial (b) Date thereof 2-5-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jefferson Brks

18. (a) Signature of funeral director J. H. [Signature]
 (b) Address 3133 Bell Ave
 19. (a) 2-5-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
 year 1948 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from August 11 1947 to February 1 1948
 that I last saw him alive on February 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE WITH HYPERTENSION, GENERAL, ARTERIOSCLEROSIS, GENERAL, SEVERE, C.N.S. SYPHILLIS, CEREBRAL ARTERIO-SCLEROSIS (THROMBOSIS WITH HEMIPLEGIA, EPILEPSY

Duration Unk

Other conditions 30g
 (include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy No Autopsy performed

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
 (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 W. E. ROSELL (M. D. ~~XXXX~~)
 Address Jefferson Barracks, Mo. Date signed 2/2/48

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

MOTHER FATHER

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

L. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chautauq*

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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.