

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34821

State File No. 9668
Registrar's No. 9668

FILED NOV 8 1951

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 41 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2324 Eugenia Street	
3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) _____ c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1951
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/11/1887
9. AGE (In years last birthday) 64		10. MONTHS 0	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Kendrick Sq. Apt. #	11. BIRTHPLACE (State or foreign country) Pine Ridge, Miss.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Dave Bell		13b. MOTHER'S MAIDEN NAME Winnie Miller	14. NAME OF HUSBAND OR WIFE Nannie Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-12-5964	17. INFORMANT'S SIGNATURE OR NAME Nannie Bell
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. ADDRESS 2324 Eugenia Street	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old right peri-nephric abscess			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION with fistula.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H43X	
22. I hereby certify that I attended the deceased from 9-4 19 51 , to 10-28 , 1951, that I last saw the deceased alive on 10-28 , 1951, and that death occurred at 11 a m., from the causes and on the date stated above.			
23a. SIGNATURE Charles J. Gates		(Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 10-29-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/2/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. NOV 1 1951	REGISTRAR'S SIGNATURE Carl Smith M.D. R.P.	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.	

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

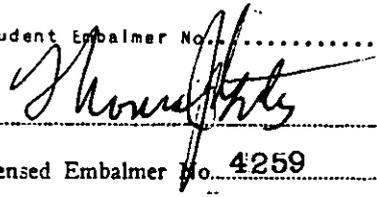
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....

Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.