

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7305

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, Mo. c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis, City Hospital. e. STREET ADDRESS (If rural, give location) 4208 No. 2nd. St. 20970

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Bell 4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept. 12, 1891 9. AGE (In years last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 10b. KIND OF BUSINESS OR INDUSTRY City Jail 11. BIRTHPLACE (City and State or Foreign Country) Houston, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Bell 13b. MOTHER'S MAIDEN NAME Edith (UNKNOWN) 14. NAME OF HUSBAND OR WIFE Lena Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. W.W.I. 491-14-9180 17. INFORMANT'S SIGNATURE OR NAME Lena Bell, 4208 N. 2nd. St. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Pulmonary Oedema
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Broncho Pneumonia
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ 491X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick P. Taylor Carones (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8-9-54 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. AUG 6 1954 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 3700 Washington.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*
.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**