# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

31357

1. PLACE OF DEATH

County St Louis Co — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 663 Pine Lawn — Registered No.

City ~~St Louis Mo~~ (No. Tiernon Hospital St. Louis Co. St. Ward)

2. FULL NAME Wm. Bell.

(a) Residence. No. 3925 Parnell St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White. | Married. |

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Alicia Bell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/4/1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 10 | 8 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pressman

(b) General nature of industry, business, or establishment in which employed (or employer) Von Hoffman.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.York.

PARENTS

10. NAME OF FATHER Andrew Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER [illegible] Williamson.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

14. INFORMANT Mrs A. Bell. (Address) 3925 Parnell.

15. FILED Oct 14th, 1927 O. N. Schuster REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/12/27 19

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1927, to October 12, 1927 that I last saw him alive on October 12, 1927, and that death occurred, on the date stated above, at 5.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency (Duration?) Decompensated.

131

72A

95B (duration) One yr. 6 mos. ds.

CONTRIBUTORY (SECONDARY) General Anasarca, Chr. Int. Nephritis, Uremia (duration) yrs. One mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Luke B. Tiernon, M.D.

10/13, 1927 (Address) 3718 Jennings Rd., St. Louis Co., Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary — DATE OF BURIAL 10-15-1927

20. UNDERTAKER Provost Und Co — ADDRESS 3710 N. Grand.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.