MAY 2 1934

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

Do not use this space.

File No. 15043
Registered No. 4256

1. PLACE OF DEATH
County St. Louis Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. Cor Route to Hosp. #2 St. Ward)

2. FULL NAME George Bell Jr.
(a) Residence, No. 2628 Dickson St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1928
7. AGE: Years 5 Months 11 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER
13. NAME George Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oliver Co. Mississippi

MOTHER
15. MAIDEN NAME Mary E. Wafford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Mary Bell (ADDRESS) 2628 Dickson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jo Hill DATE 4-28 1934

19. UNDERTAKER Kerney & Nuckles (ADDRESS) 2924 Sheridan Ave.

20. FILED APR 27 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Multiple skull fracture	
Direct cause when struck	
by automobile	20 min.

Other contributory causes of importance: 2 D
deceased was a pedestrian

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 4/24, 1934
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by automobile
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Forest P. Gleason M.D.
(Address) 9/27/34

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.