MAR 5 - 1937

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

Do not use this space.

791

8405

1003

1856

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8405

Township ..... Primary Registration District No. ..... Registered No. 1856

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Robert Bell

(a) Residence, No. 2725 Henrietta St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen Miller Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Born Dec. 27, 1891

7. AGE: Years 45 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Truck
10. Date deceased last worked at this occupation (month and year): Oct. 1933
11. Total time (years) spent in this occupation: .....

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frontebank Kansas

FATHER

13. NAME: Henry Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gillespie Illinois

MOTHER

15. MAIDEN NAME: Lena Webb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE Feb. 12 1937

19. UNDERTAKER (ADDRESS): E. J. Schmur 3125 Lafayette av.

20. FILED FEB 12 1937 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, 19 to Feb. 10, 1937, 193

I last saw him alive on 2/10/, 1937 Death is said to have occurred on the date stated above, at 12:16 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) 1-25-37 | Date of onset

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Other contributory causes of importance:

Pneumothorax Spontaneous 2-8-37
Arteriosclerosis 1-1-36x
Schizophrenia non Luetic 1-1-36x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T C Campbell, M. D.

(Address) 5400 Arsenal St

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.

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