

REC'D MAY 10 1938

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

13279

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1008

Registered No. 3883

(d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arthur Bell 480

(a) Residence, No. 2729 Mills St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as 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) VirginiaFATHER 13. NAME Albert Bell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VirginiaMOTHER 15. MAIDEN NAME Nancy Gordon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE APR 27 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harnett
City Health Dept20. FILE APR 27 1938 J. B. Burdick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21, 193722. I HEREBY CERTIFY, That I attended deceased from December 15, 1937 to December 21, 1937I last saw him alive on December 21, 1937. Death is saidto have occurred on the date stated above, at 9:15a.m.

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

Hypertensive heart diseaseDate of onset
12/15/37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? NO23. 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?
If so, specify _____(Signed) W. J. Lewis, M. D.(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

WHILE PRINTING WITH UNFADING INK--THIS IS A PERMANENT RECORD

XI-14223

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.

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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.