

REC'D MAR 13 1939

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

5190  
Do not use this space.

1883

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis, Mo. (d) Street No. US Marine Hospital, 3640 Marine Ave. 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

400 Henry Bell  
(a) Residence, No. 324 South 3rd Street. St. 25  
(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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Deckhand  
9. Industry or business in which work was done, as saw mill, bank, etc. General labor on river steamers.  
10. Date deceased last worked at this occupation (month and year) June 16, 1938 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown La.

FATHER 13. NAME Henry Bell, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown La.

MOTHER 15. MAIDEN NAME Sybil Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown La.

17. INFORMANT (ADDRESS) Clinical Records, U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. H. Lawrence

20. FILED FEB 27 1939 J. H. Lawrence Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939 1939 to Feb. 26, 1939, 1939.  
I last saw him alive on Feb. 26, 1939, 1939. Death is said to have occurred on the date stated above, at 7:10 A.M.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary chr. far advanced. Date of onset Unknown

Other contributory causes of importance: Hemorrhage, pulmonary June 2, 1938.

Name of operation Pneumothorax Date of 6-20-38  
What test confirmed diagnosis Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence, fall in also the following: no  
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 C. Y. Bailey, Surg. (R) USPHS, M. D.  
(Signed) C. Y. Bailey, Surg. (R) USPHS, M. D.  
(Address) US Marine Hospital, St. Louis, Mo.

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, J. St. Harrison, Licensed Embalmer No. 760

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed:

J. St. Harrison

Licensed Embalmer No. 760

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.)