DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20825

Registration District No. 791 Primary Registration District No. Registrar's No. 5669

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1727 S.18 th St. (rear)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 1 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1727 S.18 th St. (rear)
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alphro Bell

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Ada Bell

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July (Month) 5 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	11	21	hr. min.

9. Birthplace Mary's County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer (retired 10 years)

11. Industry or business Wabash R.R. Co.

FATHER
12. Name John Bell
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Copeland
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Ethel Ada Bell
(b) Address 1727 S.18 th St. (rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 28-39 (Month) (Day) (Year)
(c) Place: burial or cremation Cuba Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 S.Kingshighway Blvd.

19. (a) JUN 27 1939 (Date received local registrar) (b) J. F. Bradbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1939 hour 10 minute 07 a.M.

21. I hereby certify that I attended the deceased from June 24, 1939, to June 24, 1939;
that I last saw him alive on June 24, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary tuberculosis	many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Rosenfeld (M. D. or other)
Address 508 N. Grand Date signed June 26 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

Metro.Bldg.
4-6 p.m.

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 Reinhold R. Lohrmann

Licensed Embalmer No. 3395

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.