

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9231**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Homer G. Phillips**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 days** (Specify whether
 In this community **Unknown** years, months or days)

3. (a) PRINT FULL NAME **John Bell** **405**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Julia Bell** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **(unavailable) 1872**
(Month) (Day) (Year)

8. AGE: Years **Abt. 67** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Columbus Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Unemployed**

MOTHER FATHER
 12. Name **Warren Bell**
 13. Birthplace **Unavailable S. Carolina**
(City, town, or county) (State or foreign country)
 14. Maiden name **Lucy Banks**
 15. Birthplace **Unavailable Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Bell**
 (b) Address **3023 Rutger St.**

17. (a) **Removal** (b) Date thereof **10-28-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbus Mississippi**

18. (a) Signature of funeral director **Chas. Baker**
 (b) Address **4107 Finney Ave.**

19. (a) **OCT 28 1939** (b) **J. F. Bredel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **18**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3014 Hickory St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **26**
 year **1939** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **10-7-** 19 **39** to **10-26-** 19 **39**;
 that I last saw him alive on **10-26-** 19 **39**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **6 mos.**
 Duration

Due to **Metastatic Malignancy to**

Due to **Lungs**
 Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
 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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

28. Signature **Earl C. Smart** (M. D. or other) _____
 Address **2601 N. Whittier St.** **10-27-1939**
Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.