

No. 2
-11-10-39
5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 12 1940
STANDARD CERTIFICATE OF DEATH

State File No. **5080**
Registrar's No. **1910**

Registration District No. **791** Primary Registration District No. **1003**

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

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 8 days
In this community Unknown
years, months or days) (Specify whether)

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. 203 S Ewing
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1940 hour 4:50 minute P M.
21. I hereby certify that I attended the deceased from
February 13, 1940, to February 20, 1940;
that I last saw him alive on February 20, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease **2 yrs**
Duration

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.

8. (a) PRINT FULL NAME Julius Bell

3. (b) If veteran, name war..... 3. (c) Social Security No. 497-10-3718

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Jan 19 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Merrouge La.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Cigar Store

12. Name Charlie Bell

13. Birthplace La.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Woods

15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Bell

(b) Address 203 So Ewing Ave

17. (a) _____ (b) Date thereof 2-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director W. H. Probst

(b) Address 366 E Finney Ave

19. (a) FEB 26 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....
23. Signature H. J. Lyman (M. D. or other).....
Address 2607 N Whittier Date signed.....

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

Louis V. [Signature]

Licensed Embalmer No.

2842

P. O. Address

364 H. Fairview

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.