

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

1. PLACE OF DEATH:

(a) County St. Louis
(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 7 days
In this community 37 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Bell 400

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-101230

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

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years abt. 45 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation labor 9

11. Industry or business 9

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Walter Bell

(b) Address 24 Penna St. St. Louis

17. (a) _____ (b) Date thereof 6-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. H. Bardsley

(b) Address 1619 S. 3rd

19. (a) JUN 3 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1537-r S. 2nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 1940 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-23- 1940, to 5-30- 1940
that I last saw him alive on 5-30- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease - About 3
Years

Due to Chronic Nephritis About 3 Yrs

Due to _____

Other conditions: 181
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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. Cymman (M. D. or other) 5-31-1940
Address 2601 W. Whittier Date signed _____

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

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. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Fern*

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.