

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.

STANDARD CERTIFICATE OF DEATH

State File No. **20120**
Registrar's No. **5368**

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 Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One (1) Day.**
(Specify whether
In this community **(21) Years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis,** **27**
(If outside city or town limits, write "RURAL")
(d) Street No. **2727 Spruce, Street,**
(If rural, give location)
(e) If foreign born, how long in U. S. **U.S.A. 21 yrs.** years.

3. (a) PRINT FULL NAME **David R. Bell.** **400**
3. (b) If veteran, **XXX** name war _____
3. (c) Social Security No. **488-18-1463**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **19th,**
year **1940.** hour **1:00** minute **A.** M.

4. Sex **Male.** 5. Color or race **Col.**
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 **August 1st,** **1918.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
21 **10** **18** hr. min.

Immediate cause of death **Chronic Parenchymatous Nephritis** Duration _____
(Complication of left heart following infarction of the heart)
Due to **Chronic Parenchymatous Nephritis**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace **St. Louis, Mo.** **Missouri.**
(City, town, or county) (State or foreign country)
10. Usual occupation **N.Y.A.**
11. Industry or business **N.Y.A.**

PHYSICIAN
Underline the cause to which death should be charged statistically

MOTHER FATHER
12. Name **Dixon Bell.**
13. Birthplace **St. Louis,** **Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Artemeose Payon,**
15. Birthplace **Lake Charles, Louisiana.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Artemeose Bell,**
(b) Address **2727 Spruce, Street,**
Burial.
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof **6/24/40.**
(Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**

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? _____

18. (a) Signature of funeral director **J. F. Bredeck**
(b) Address **2812 Thomas St.**
19. (a) **JUN 22 1940** (Date received local registrar)
J. F. Bredeck (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature **J. F. Bredeck** (M. D. or other)
Address **2812 Thomas St.** Date signed **6/22/40**

STATEMENT BY LICENSED EMBALMER

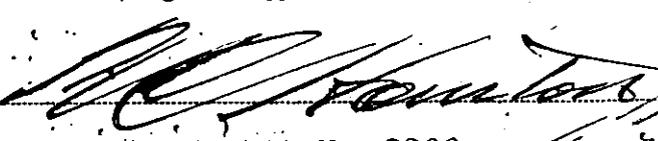
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St., St. Louis

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.