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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40088

FILED JAN 15 1941

Registration District No. 1917 Primary Registration District No. 1003 Registrar's No. 9859

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 City Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Hours (Specify whether years, months or days)

In this community 57 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2740 Delor Court
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 57 Years years.

No Attending Physician

3. (a) PRINT FULL NAME THOMAS BELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Bell

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

7. Birth date of deceased Nov 9th 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83		21	hr. min.

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

10. Usual occupation Retired Draftsman

11. Industry or business

MOTHER FATHER

12. Name unk ? Bell

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

14. Maiden name

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

16. (a) Informant Louis Bell

(b) Address 2740 Delor Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Thomas Kutis & Sons.

(b) Address 2906 Gravois Ave.

19. (a) DEC 2 1940 (Date received local registrar) (b) J. A. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1940 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cysteritis and Internal Hemorrhages from Compound fracture	
Due to Left Femur and Fracture of Lymphsys	
Due to Injuries Suffered When Struck by Auto Coach	
Other conditions (Include pregnancy within 3 months of death) Driven by one Leonard Rosfeld at Intersection of Nebraska and Mt Pleasant	

Major findings Of operations About 8:15 Pm Nov 29, 1940

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) Accident

(b) Date of occurrence Nov 29, 1940

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Joseph M. Lucas (M. D. or other)

Address Deputy C.E. (Date signed)

(Licensed Embalmer's Statement on Reverse Side)

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 Thos Curtis, Registered Apprentice No. ..... working under my personal supervision.

Signed Thos Curtis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.