

No. 2  
1-4-41  
-17-39  
X28396

FILED SEP 17 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 26584  
Registrar's No. 6376

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. ST. LOUIS  
(c) Name of hospital or institution: ST. JOHNS' HOSPITAL  
(d) Length of stay: In hospital or institution 4 DAYS  
In this community 0 years, months or days LIFE

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(d) Street No. 765 ROBERT AVE  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE BELL  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Aug. day 2 year 1941 hour 7 minute 15 A. M.  
21. I hereby certify that I attended the deceased from 7-29-41 to 8-2-1941  
that I last saw him alive on 8-2-1941 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced. SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Respiratory Paralysis to terminal cerebral edema Duration \_\_\_\_\_

7. Birth date of deceased. DEC. - 2 - 1928  
(Month) (Day) (Year)  
8. AGE: Years 12 Months 8 Days 1 If less than one day hr. min.

Due to acute cholerae  
Due to acute hepatitis  
Other conditions None  
Major findings: Cholerae

9. Birthplace ST. LOUIS MO  
10. Usual occupation SCHOOL BOY  
11. Industry or business NIL

Physician None  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

12. Name GEORGE BELL  
13. Birthplace GREECE  
14. Maiden name STELLA SZATKOWSKI  
15. Birthplace MONT.

16. (a) Informant George Bell  
(b) Address 765 Robert Ave.  
17. (a) BURIAL (b) Date thereof 8-5-41  
(c) Place: burial or cremation. RADOM, ILL.

23. Signature George Bell (M. D. or other) \_\_\_\_\_  
Address 3902 Elm Date signed 8/3/41

18. (a) Signature of funeral director Bullen + Kelly  
(b) Address 1416 N. Taylor Ave.  
19. (a) Aug 4 1941 (b) H. Breda

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 *Clement McPeck*

Licensed Embalmer No. *3732*

P. O. Address *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, fact should be so stated above.**