

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6416

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:
Homer Phillips Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cain Bell

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced !

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

7. Birth date of deceased January 7, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Nil

MOTHER FATHER { 12. Name Jake Bell

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

14. Maiden name Sylvia Bell

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Anatomical Body (b) Date thereof 7-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. Ruffin

(b) Address 3500 Rogers

19. (a) JUL 30 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090 / 17

(c) City or town St. Louis, 257
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 Gay Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29,
year 1942 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 17,
1942 to June 29, 1942;
that I last saw him alive on June 29, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease, with Decompensation

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

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) _____

(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? _____
(Specify type of place)

White at work? _____ (e) Means of Injury None

23. Signature J. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 6-31-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6446

1. PLACE OF DEATH:

(a) County St Louis, Mo
(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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. 1610 Bay Street
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart disease with Decompensation
Duration: Weeks

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.

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 A. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 6-31-42

3. (a) PRINT FULL NAME Cam Bell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: January 7 - 1962
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation East St Louis, Ill

18. (a) Signature of funeral director R. C. Hoadley
(b) Address 2812 Higgins St. St. L.

19. (a) AUG 12 1942 (Date received local registrar) (b) J. F. Dudeak (Registrar's signature)

SUPPLEMENTARY

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

MOTHER FATHER

Hasler

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22605
Registrar's No. 6416

Registration District No. 791

Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
- (c) City or town.....
(If outside city or town limits, write "RURAL")
- (d) Street No.....
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month June Day 25
year 1942 hour..... minute..... M.
- 21. I hereby certify that I attended the deceased from..... 19.....
that I first saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

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.

- 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?
(Specify type of place)
 - While at work?..... (e) Means of injury.....
- 23. Signature..... (M. D. or other).....
Address..... Date signed.....

3. (a) PRINT FULL NAME Cain Bell

3. (b) If veteran, name war..... 3. (c) Social Security No. 111.111.111

4. Sex M 5. Color or race B 6. (d) Single, widowed, married, divorced Married

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

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

8. AGE: Years 80 Months 5 Days 1
If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

- 12. Name.....
- 13. Birthplace.....
(City, town, or county) (State or foreign country)
- 14. Maiden name.....
(City, town, or county) (State or foreign country)
- 15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) SEP 9 1942 (b) J. F. Beuch
(Date of final registration) (Registrar's signature)

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

SUPPLEMENTARY