

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9293**

1. PLACE OF DEATH: **St. Louis, Mo.**  
 (a) County.....  
 (b) City or town.....  
 (c) Name of hospital or institution: **City Sanitarium 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **11 days**  
 In this community. **45 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**  
 (a) State. **Missouri** (b) County. **12**  
 (c) City or town. **St. Louis** **91**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **616 W. Marceau**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **George Bell**  
 3. (b) If veteran, name war. **-** 3. (c) Social Security No. **-**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.** day **5**  
 year **1942** hour **9:00** minute **P.** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced. **married**  
 6. (b) Name of husband or wife **Mary Bell** 6. (c) Age of husband or wife if alive. **years**  
 7. Birth date of deceased **March 4, 1875**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-26-42**, 19... to **11-5-42**, 19...  
 that I last saw him alive on **11-5-42**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death. **Chronic Myocarditis lmo.x**  
 Duration

8. AGE: Years Months Days If less than one day  
**67 8 1** hr. min.

Due to **Senility**

9. Birthplace. **Unknown Germany 4**  
 (City, town, or county) (State or foreign country)

~~xxxx~~ **Senile Dementia - Fracture of L.-9-10-11-ribs 8daysx**

10. Usual occupation. **Street Car Conductor**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations **93%**

MOTHER FATHER { 12. Name **Unknown**

Of autopsy **No**

13. Birthplace **Unknown Germany 4**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany 4**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **L. Duggan**

(b) Address

17. (a) **BURIAL** (b) Date thereof **11/9/42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cem.**

18. (a) Signature of funeral director **J. P. ...**

(b) Address **7128 ...**

19. (a) **NOV 7 1942** (b) **J. J. Brueck**  
 (Date received local registrar) (Registrar's signature)

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? (Specify type of place) (g) Means of injury.  
 23. Signature **Stanley S. Keiser** M.D. or other **M.P.**  
 Address **...** Date signed **10/6/42**

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

*Harry J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address:

*732 Longway*

**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.**