

FILE

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Frank Bell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widower **Divorced Widower**

6. (b) Name of husband or wife **Not given** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 12, 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Lumber yard**

11. Industry or business **Retired 15 years**

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harry M. Bell**

(b) Address **5973 Lalite Ave**

17. (a) **Burial** (b) Date thereof **4/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **APR 22 1943 J. J. Bredak**
(Date received local registrar) (Registrar's signature)

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. **5973 Lalite Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**, year **1943** hour **6:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 18**, 1943, to **April 20**, 1943 that I last saw him alive on **April 20**, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombus**

Due to **Arteriosclerosis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: (1) **Cerebral thrombus**
Of operations: (2) **Infarct of heart**
(3) **Cerebral hemorrhage**
Of autopsy: (4) **Pulmonary tbc**

Duration **1 1/2 da.**

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 **Russell T. Hanchard** (Physician's signature)

Address **1515 Lafayette Avenue** Date signed **4/20/43**

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.....

Francis C. Williamson

Licensed Embalmer No.

3565

P. O. Address.....

St. Louis, Mo.

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.