. S. No. 2
0M—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19399

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5686

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp (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: Within

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 465 Laurel (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Britton Bell
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Apr (Month) [redacted] (Day) 1883 (Year)
8. AGE: Years 58 Months 2 Days 15 If less than one day: hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 4 minute 50 A.M.
21. I hereby certify that I attended the deceased from January 24 1943 to June 20 1943 that I last saw him alive on June 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration 5 mo. ago
with massive medial deterioration — Several years
② Hypertension (Blood Pressure) — 1 da.
Due to: ③ Semi Strangulated Hernia (unnecessary) — 1½ da.
① Bronchopneumonia — 1 da.
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings: Hernia left inguinal. Operation: complete non-resectable semi-strangulated, Sliding "type"
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

9. Birthplace: Morrisonville, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk R.R. Dept
11. Industry or business: U.S. Government
12. Name: Norman M. Bell
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: Della Ann Fink
15. Birthplace: Va. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Thelma Bell Grumly
(b) Address: 5509 Vernon Ave.
17. Entombment (Burial, cremation, or removal) (b) Date thereof: 6-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Mausoleum
18. (a) Signature of funeral director: Chas. F. Stuart
(b) Address: 1225 Union Blvd.
19. (a) JUN 22 1943 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: J. C. Landrea (M. D.)
Address: 1437 University Club Bldg. St. Louis Mo. Date signed: 6/21/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....G W Wilkinson.....

Licensed Embalmer No.....3575.....

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, fact should be so stated above.

EX 1

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5686

On this 13th day of July, 1943, before me appears Mrs. Thelma Bell Crumly, who, upon her oath, states that the original record of ~~birth~~ death for Wm. Britton Bell, died ~~born~~ June 20th, 1943, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on June 22, 1943, should be corrected as follows:

Item No. 7 should read April 5, 1883

Instead of April 5, 1885

Item No. 8 should read 60yrs. 2mos. 15days

Instead of 58yrs. 2mos. 15days.

Item No. ... should read

Instead of

Item No. ... should read

Instead of

Item No. ... should read

Instead of

Item No. ... should read

Instead of

Item No. ... should read

Instead of

Item No. ... should read

Instead of

Corrected
7-14-43

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thelma Bell Crumly Relationship. Niece

5500 Vernon Ave
Present Address.

Subscribed and sworn to before me this 13th day of July, 1943

My Commission expires Aug. 18, 1944 E. F. Stuart Jr. Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
12
X 12339

S-19399