

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:
Office: --- 2930 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community LIFE 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7396 Bedford Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Bell.

3. (b) If veteran, name war usches 3. (c) Social Security No. 492-25-9013

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

6. (b) Name of husband or wife Ida Grant Bell 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 9th 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Office Manager.
11. Industry or business Mt. Valley Water Co.

MOTHER FATHER { 12. Name William Bell
13. Birthplace Sandusky, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Isabelle Helfenstein.
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida G. Bell.

(b) Address 7396 Bedford Ave.

17. (a) burial (b) Date thereof 11-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) NOV 15 1943 (b) J. F. Budeck
(Date received local final certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1943 hour 6:05 minute P. M.

21. I hereby certify that I attended the deceased from June
1943 to Nov 12 19 43
that I last saw him alive on Nov 11 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration 2 or 3 months

Due to Vascular hypertension ?

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 Harold B. Grant (M. D. or other) M. D.
Address 114 N. Taylor Ave Date signed 11/13/43

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

JE - 8600
Hrs. 1 to 5 P.M.

1666

1666

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.....

Emmel Paul Sumner

Registered Apprentice No. *351*

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City - D*

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.