

FILED

MAR 7 1946

STANDARD CERTIFICATE OF DEATH

State File No.

1908

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3946 Lindell Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs.
(Specify whether years, months or days)

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. 3946 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Johanna Bell

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

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

6. (b) Name of husband or wife Benn Bell 6. (c) Age of husband or wife if alive 1876 years

7. Birth date of deceased June 23rd., 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____
12. Name Pat. J. Finnegan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Martin

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kreps

(b) Address 3946 Lindell Blvd.

17. (a) Burial (b) Date thereof 2-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 26 1946 (b) J. F. Brecken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th.,
year 1946 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Feb 19 4:55 PM to Feb 23 1946
that I last saw him alive on Feb 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Secondary Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

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) (or) Means of injury _____

23. Signature J. F. Brecken (M. D. or other) _____
Address 1416 S. Grand Date signed Feb 26 1946

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

6182

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 W VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.