

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAY 17 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **4246**

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:  
**Jewish Hospital 0**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis, 96**  
(c) City or town **Rock Hill**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10521 Manchester Rd.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) **NR 0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **THOMAS G. BELL.**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **NO**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married/**

6. (b) Name of husband or wife **Mary Kamp Bell.** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Jan. 25 1877**  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
**69 3 13** hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri, 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Proprietor.**

11. Industry or business \_\_\_\_\_

12. Name **James Bell.**

13. Birthplace **Liverpool, England 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **St. Louis, 1**

15. Birthplace **St. Louis, 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.W. Leo.**

(b) Address **1347 Midland**

17. (a) **Burial** (b) Date thereof **May 11 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

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

(b) Address **7233 Delmar Blvd.**

19. (a) **MAY 10 1946 J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**  
year **1946** hour **10:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb. 17 1946** to **May 9 1946**  
that I last saw him alive on **May 7 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of rectum**  
Duration **1 year**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy **none**

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 **0**

23. Signature **W. Alexander Smith M.D.**  
Address **Webster Brown** Date signed **5-9-46**

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

MOTHER FATHER

Dr. A. Swann  
# 111 Mr. Lockwood  
RF-0010  
Mrs - 3765 (EXCEPT)  
FRI

**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 Raymond L. Harris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, 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.**