

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10541**
Registrar's No. **2913**

FILED MAR 31 1947

318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(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 **Mo.** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5211 Conde**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JERRY B. BELL**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th**
year **1947** hour **1:30** minute _____ A.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lavona**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Dec. 6 1900**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
46	3	10	_____ hr. _____ min.

Immediate cause of death _____

Due to **Pneumococcus meningitis**

Due to **Labor Pneumonia**

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

9. Birthplace **Mary's County - Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Moulder**

11. Industry or business **Scullin Steel Co.**

12. Name **Richard T. Bell**

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

14. Maiden name **Elien Robertson**

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

16. (a) Informant **Lavona Bell**

(b) Address **5211 Conde**

17. (a) **Burial** (b) Date thereof **3 19 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **MAR 26 1947** (b) **J. F. Brudeck**
(Date of burial) (Registrar's signature)

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? _____

(Specify type of place)
While at work? _____ Means of injury _____

23. Signature **Alfred J. Perry** (M. D. or other) _____
Address _____ Date signed **3/18/47**

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

MOTHER FATHER

White

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..... *William C White*

Licensed Embalmer No..... *4291*

P. O. Address..... *4228 La Kays Highway*

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.