

No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19669
Registrar's No. 1044

Registration District No. 397 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (rural) MO
(c) Name of hospital or institution: KOCH HOSPITAL
(d) Length of stay: In hospital or institution 31 DAYS
In this community 22 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 2811 LUCAS
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOE BELL
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 9
year 47 hour 4 minute 35 P.M.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced DIV. 3
6. (b) Name of husband or wife Pula WASHINGTON 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 22 1901

21. I hereby certify that I attended the deceased from 4-8-47 to 5-9-47
that I last saw him alive on 5-9-47
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC PULMONARY TUBERCULOSIS ABOUT 4 MONS

8. AGE: Years 46 Months 3 Days 17 If less than one day hr. min.

Due to 136

9. Birthplace STARKVILLE, Miss!
10. Usual occupation LABORER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name CLARK BELL
13. Birthplace Miss!
14. Maiden name VINA HOSKINS
15. Birthplace Miss!

Major findings: Of operations
Of autopsy

16. (a) Informant HOSP. RECORDS
(b) Address KOCH HOSP. KOCH, MO
17. (a) Burial (b) Date thereof 5-14-47
(c) Place: burial or cremation Washington Park

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(d) Date of occurrence
(e) Where did injury occur?
(f) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) 5-19-47 (b) Paula Bell MD

23. Signature Joe F. Ellis (M.D.) (M. D. or other) MD
Address Koch Hosp, Koch, Mo. Date signed 5-9-47

Licensed Embalmer's Statement on Reverse Side

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

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 Fulton E. Cullin

Licensed Embalmer No. 498

P. O. Address St Louis 13. 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.

May 19 1947

Comes now Mrs. Mary Gibson, 4419 Page Blvd., St. Louis, Missouri, who states that the correct birth date of Mr. Joe Bell, (deceased), is January 22, 1901, thereby making his correct age, 46 yrs, 3 mos, and 17 days.

Mary Gibson

Mrs. Mary Gibson
4419 Page Blvd.

State of Missouri

City of St. Louis

Subscribed and sworn before me on this date

My commission expires 1/5/49

[Signature]
NOTARY PUBLIC

SEAL

S-19669