No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32320

FILED SEP 18 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8412

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri

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

(c) Name of hospital or institution: Homer G. Phillipps
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/31/47 9/1/47 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St, Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4335 St. Louis Ave 10 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Weldon Bell Jr

3. (b) If veteran, name war 2

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 10 (Day) 1928 (Year)

8. AGE: Years 19 Months 7 Days 21 If less than one day hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Andrew Bell
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Bell
15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Bell
(b) Address 4335 St Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Cem

18. (a) Signature of funeral director Herman J Smith
(b) Address 4247/w Labadie Ave

19. (a) SEP 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept I day 1947
year hour 2 minute 25 A.M.

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.

Immediate cause of death Internal Hemorrhage from gunshot wound of Mouth and left lung inflicted at the hands above Andrew Bell (Col) at the Yard at 4335 St Louis Ave around 1210 A.M. Aug. 31, 1947

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Aug 31 1947

(c) Where did injury occur? Yard (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? (e) Means of injury Co above

23. Signature Patrick E Taylor Dep Car 3 (M. D. or other)

Address 1300 Clark Date signed 9-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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: Lawrence E. Woodson

Licensed Embalmer No. 4341

P. O. Address St Louis 1 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.