

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24583
Registrar's No. 6590

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1005

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital #1 3
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

3. (a) PRINT FULL NAME FRED O'BELL
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced S U

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

7. Birth date of deceased: March 17, 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 9
If less than one day hr. min.

9. Birthplace Missouri (State or foreign country)

10. Usual occupation Switchman (retired)
Railroad

11. Industry or business
12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Sarah Creech
(b) Address 410a Lami Street

17. (a) burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUL 27 1948 (Date received local registrar)
J.T. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 410a Lami Street
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th
year 1948 hour 8:00 minute 0 M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions
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?
(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
23. Signature (Date signed) 7/27/48

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..... *E. H. Cooper*.....
Licensed Embalmer No. *3830*.....
P. O. Address *2301 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.