

96000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3657
6958

BIRTH NO.		REG. DIST. NO. 307		PRIMARY REG. DIST. NO. 3069		Registrar's No. 3657	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St Louis County		b. CITY (If outside corporate limits, write RURAL and give town) Rural Richmond Heights		a. STATE Missouri		b. COUNTY St Louis County	
c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Rural		c. OR TOWN Richmond Heights		Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1325 August				d. STREET ADDRESS (If rural, give location) 1325 August			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Bell		c. (Last)	
4. DATE OF DEATH		Month 2		Day 12		Year 49	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH June 16 1874	
9. AGE (In years last birthday)		75		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailman		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Washington Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Bell		13b. MOTHER'S MAIDEN NAME Mary Rice		14. NAME OF HUSBAND OR WIFE Jenny Bell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Samuel Miller 1325 August			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Semility					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 1/20/49					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		74		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 12, 1949, that I last saw the deceased alive on Feb 12, 1949, and that death occurred at 3:28 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. Rusan, M.D. (1)				23b. ADDRESS 2435 E. Kirkman Mo.		23c. DATE SIGNED 2-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/49		24c. NAME OF CEMETERY OR CREMATORY St Peters		24d. LOCATION (City, town, or county) (State) Hunt Road St Louis County Mo	
DATE REC'D BY LOCAL REG. 2/15/49		REGISTRAR'S SIGNATURE Howard W. King		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros Funeral Home		ADDRESS 3704 Jenny St	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.