

|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
|---|---|----------------------------------|---|------------------------------------|---|-----------------------------------|----------------------------------|----------|---|--|--|--|
| DECEDENT<br>PERSONAL<br>DATA<br>(TYPE OR<br>PRINT NAME)   | 1a. NAME OF DECEASED—FIRST NAME   |                                  | 1b. MIDDLE NAME   |                                    | 1c. LAST NAME   |                                   | 2a. DATE OF DEATH—MONTH DAY YEAR |          | 2b. HOUR                                  |  |  |  |
|   | Herman  |                                  |   |                                    | Bell  |                                   | June 7, 1949                     |          | 1:52P                                     |  |  |  |
|   | 3. SEX  | 4. COLOR OR RACE                 | 5. <del>MARRIED</del> NEVER MARRIED WIDOWED                     | 6. DATE OF BIRTH                   |   | 7. AGE (LAST BIRTHDAY)            | IF UNDER 1 YEAR<br>MONTHS DAYS   |          | IF UNDER 24 HOURS<br>HOURS MINUTES        |  |  |  |
|   | Male  | Cauc.                            | Married   | July 16, 1899                      |   | 49                                |                                  |          |   |  |  |  |
| PLACE<br>OF<br>DEATH  | 8a. USUAL OCCUPATION (STATE KIND OF BUSINESS)   |                                  | 8b. KIND OF BUSINESS OR INDUSTRY                                |                                    | 9. BIRTHPLACE, STATE OR FOREIGN   |                                   | 10. CITIZEN OF WHAT COUNTRY?     |          |   |  |  |  |
|   | Proprietor  |                                  | Restaurant  |                                    | Louisville, Ky.   |                                   | U.S.A.                           |          |   |  |  |  |
|   | 11. NAME OF FATHER  |                                  |   | 12. MAIDEN NAME OF MOTHER          |   |                                   | 13. NAME OF SPOUSE (IF MARRIED)  |          |   |  |  |  |
|   | Nathan Bell   |                                  |   | Martha Holthausner                 |   |                                   | Emma G. Bell                     |          |   |  |  |  |
| CAUSE<br>OF<br>DEATH<br><br>(RECORD ONLY ONE<br>CAUSE PER LINE FOR<br>19a, (b) AND (c))                                   | 14. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>SPECIFY YES OR UNKNOWN  |                                  |   |                                    | 15. SOCIAL SECURITY NUMBER  |                                   | 16. INFORMANT                    |          |   |  |  |  |
|   | Yes   |                                  |   |                                    | None  |                                   | Emma G. Bell                     |          |   |  |  |  |
|   | IF YES GIVE WAR OR DATES OF SERVICE<br>World War I  |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
|   | 17a. PLACE OF DEATH—CITY OR TOWN  |                                  | 17b. LENGTH OF STAY IN THIS PLACE                               |                                    | 17c. COUNTY   |                                   |                                  |          |   |  |  |  |
| Glendale  |   | 12 yrs                           |   | Los Angeles                        |   |                                   |                                  |          |   |  |  |  |
| 17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| Glendale Community Hospital, -1100 East Windsor Road  |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| USUAL RESIDENCE<br>(GIVE STREET ADDRESS AND<br>CITY OR TOWN AND STATE<br>OR RURAL BOX LOCATION)                           | 18a. STREET ADDRESS (IF RURAL GIVE LOCATION)  |                                  |   | 18b. CITY OR TOWN                  |   |                                   | 18c. COUNTY                      |          | 18d. STATE                                |  |  |  |
|   | 1230 No. Howard Street  |                                  |   | Glendale                           |   |                                   | Los Angeles                      |          | Calif.                                    |  |  |  |
|   | 19-I THIS DOES NOT BEAR THE NAME OF DYING SUCH AS HEART FAILURE ASTHMA ETC IF BEARS THE DISEASE INJURY OR COMPLICATIONS WHICH CAUSED DEATH  |                                  |   |                                    | 19 Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |                                   |                                  |          | APPROXIMATE                               |  |  |  |
|   | ANTECEDENT CAUSES<br>BORING CONDITIONS IF ANY LIVING<br>SIDE TO THE ABOVE CAUSE (A) STATING<br>THE UNDERLYING CAUSE LAST  |                                  |   |                                    | 19 Ib. DUE TO<br>19 Ic. DUE TO  |                                   |                                  |          | INTERVAL<br>BETWEEN<br>ONSET AND<br>DEATH |  |  |  |
|   |   |                                  |   | 19 II OTHER SIGNIFICANT CONDITIONS |   |                                   |                                  |          |   |  |  |  |
| 19-II CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH                      |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| OPERATIONS<br>AUTOPSY   | 20a. DATE OF OPERATION  |                                  | 20b. MAJOR FINDINGS OF OPERATION                                |                                    |   |                                   |                                  |          |   |  | 21. AUTOPSY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| DEATH<br>DUE TO<br>EXTERNAL<br>VIOLENCE   | 22a. ACCIDENT SUICIDE HOMICIDE (SPECIFY)  |                                  | 22b. PLACE OF INJURY (IF IN FACTORY STREET OFFICE BUILDING ETC) |                                    | 22c. LOCATION CITY OR TOWN  |                                   | COUNTY                           |          | STATE                                     |  |  |  |
|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| PHYSICIAN'S<br>OR CORONER'S<br>CERTIFICATION  | 23a. CORONER'S I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY <input type="checkbox"/> INQUIRY OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE |                                  |   |                                    | 23b. PHYSICIAN I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 7</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>June 7</u> 19 <u>49</u> AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE |                                   |                                  |          |   |  |  |  |
|   | 23c. SIGNATURE  |                                  |   |                                    | DEGREE OR TITLE   |                                   | 23d. ADDRESS                     |          | 23e. DATE SIGNED                          |  |  |  |
|   | Albert E. Schulte   |                                  |   |                                    | D.O.  |                                   | 517 W Central Glendale           |          | 6/8/49                                    |  |  |  |
| FUNERAL DIRECTOR<br>AND<br>REGISTRAR  | 24a. BURIAL CREMATION REMOVAL   |                                  | 24b. DATE   |                                    | 24c. CEMETERY OR CREMATORY  |                                   | 25. SIGNATURE OF EMBALMER        |          | LICENSE NUMBER                            |  |  |  |
|   |   |                                  | 6-10-49   |                                    | Calvary Cemetery  |                                   | T.M. Cavanaugh                   |          | 306                                       |  |  |  |
|   |   |                                  |   |                                    |   |                                   |                                  |          |   |  |  |  |
| 27. DATE RECEIVED BY LOCAL REGISTRAR  |   | 28. SIGNATURE OF LOCAL REGISTRAR |   | 28. SIGNATURE OF FUNERAL DIRECTOR  |   | 28. SIGNATURE OF FUNERAL DIRECTOR |                                  | ADDRESS  |   |  |  |  |
| JUN 8 1949  |   | [Signature]                      |   | L.C. SCOVEN & SON                  |   | L.C. SCOVEN & SON                 |                                  | Glendale |   |  |  |  |