

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18505

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1917) Coran St St. _____ Ward) _____

File No. _____
 Registered No. 4767

2. FULL NAME

Elizabeth Belger

(a) Residence, No. 1917 Coran St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lawrence Belger</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11 1865</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>67</u> | <u>6</u> |
| | | <u>18</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Concord

13. NAME
John Horan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

15. MAIDEN NAME
Elizabeth Horan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

17. INFORMANT (ADDRESS)
Lawrence B. Belger
1917 Coran St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barry DATE June 1 1933

19. UNDERTAKER (ADDRESS)
Hughes & Shubhan & Co.
4146 Washington

20. FILED MAY 31 1933
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1933

22. Dr. J. J. Sweeney HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance were as follows:

930
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance:
930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) John J. Sweeney M.D.
5/31/33 (Address) John J. Sweeney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235

2

15

15

