

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

Do not use this space.

30992

SEP 20 1933

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1903
City St Louis (No. 4542, Newport an)

File No. _____
Registered No. 17663
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4542 Newport an St., 15 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 24 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 09

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
24 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) St Louis Mo

13. NAME Joseph Bellach

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

15. MAIDEN NAME Emma Sipla

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Joseph Bellach (ADDRESS) 4542 Newport an

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE Sept 5 33

19. UNDERTAKER Wm. C. Royall (ADDRESS) 1924 Allen ave

20. FILED SEP - 5 1933 J. F. Bredbeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1933

22. I HEREBY CERTIFY, that I attended deceased Dec 1931, to Sept 2 1933
I last saw h. alive on Sept 2, 1933 Death is said to have occurred on the date stated above, at 6 1/2 m.

The principal cause of death and related causes of importance were as follows:
Chr. Encephalitis 19-19-1931 Date of onset _____
Parkinson Syndrome

Other contributory causes of importance: 17

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? NO
If so, specify _____
(Signed) Andrew B. Jones, M. D.
(Address) 3720 Washington
St Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

