

JAN 14 1935

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

Do not use this space.

44795

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2647**, **California**)

File No.....
Registered No. **11917**
St..... Ward.....

2. FULL NAME

Henrietta M Beleck
(a) Residence, No. **2647**, **California** St., **23** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **18** yrs. **10** mos. **16** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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) **Feb 4 - 1916**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	18	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stenographer**

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 Beleck**

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

15. MAIDEN NAME **Anna Kubitz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kannan**

17. INFORMANT **Anna Beleck** (ADDRESS) **2647 California**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Missouri** DATE **Dec 18 1934**

19. UNDERTAKER **White Mortuary** (ADDRESS) **129 2nd**

20. FILED **DEC 17 1934** **J F Brederick** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 16 1934**

22. I HEREBY CERTIFY, That I attended deceased from **December 10, 1934**, to **December 16, 1934**

I last saw her alive on **December 16, 1934** Death is said to have occurred on the date stated above, at **12:02** m.

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

Myocarditis Acute
MI

Other contributory causes of importance:
Pneumonia
Endocarditis subacute

Name of operation **none** Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury....., 19.....
Where did injury occur? **none**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **Frank Quack**, M. D.
(Address) **2767 Missouri Ave.**

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.

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

