

REC'D SEP 12 1938

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

27266
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No. Registered No. **7280**
(c) City **St. Louis, Mo.** (d) Street No. **4043 Westminister** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lucien Dutiel Belcour **1426**
(a) Residence, No. **4043 Westminister** St. **19** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Belcour		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1863		
7. AGE	YEARS 74	MONTHS 10
	DAYS 20	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil	
	9. Industry or business in which work was done, as 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) Belleville Ill.		
FATHER	13. NAME Wm. Belcour	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
MOTHER	15. MAIDEN NAME Elizabeth Atchison	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill.	
17. INFORMANT (ADDRESS) Emma Belcour 4043 Westminister		
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/18/38 19...		
19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster 4234 Manchester		
20. FILED AUG 16 1938 <i>J. B. Bueck</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1938**, to **Aug. 15 1938**
I last saw him alive on **Aug. 15 1938**. Death is said to have occurred on the date stated above, at **10:10 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of right lung Date of onset
Senility
Arteriosclerosis

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? **X-ray** 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? **No**
If so, specify
(Signed) **Alvin L. Jennings** M. D.
(Address) **4660 Maryland**

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.

1. X12004

STATEMENT BY LICENSED EMBALMER

I, Flora Eymck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Flora Eymck
Licensed Embalmer No. 1284

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.)