

JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

40704
Do not use this space.

40704

10396

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 5366 Cabanne Ave 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

Leurgine V. Belt
(a) Residence, No. 5366 Cabanne Ave St. 5 (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) DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LNK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FOREMAN
9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MISSOURI

MOTHER FATHER 13. NAME CHARLES ALLEN BELT

14. BIRTHPLACE (CITY OR TOWN) EFFESVILLE
(STATE OR COUNTRY) ILLINOIS

MOTHER 15. MAIDEN NAME ADDIE MCALISTER

16. BIRTHPLACE (CITY OR TOWN) IRONTON
(STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) CHAS ALLEN BELT
5366 CABANNE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 12/2/38

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons
(ADDRESS) 2133 DELMAR BLVD

20. FILED DEC 1 1938 J. P. Brudick Local Registrar

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/38 19...

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Haemorrhage due to Ruptured Aneurism of Cardiac Wall.

Date of onset

Other contributory causes of importance: Chronic Parenchymatous Nephritis;

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

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) Joseph McQuinn, M.D.
(Address) Deputy Registrar

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Bradford A. Miles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Bradford A. Miles

Licensed Embalmer No.....

2901

P. O. Address.....

St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.