

REC'D FEB 10 1939

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

13  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 3 Registration District No. 1003  
(b) Township ..... 1 Primary Registration District No. *Emma Bell City*  
(c) City ..... St. Louis, Mo. (d) Street No. *Emma Bell City Hospital #1* St. 13  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

450 Emma Bellm.  
(a) Residence, No. 4740 New Port Ave., St. 15 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23rd, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
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) Highland, Ills. (STATE OR COUNTRY)

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Mr. Eugene Bellm, (ADDRESS) 4740 New Port Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland, Ills. DATE Jan. 3rd 39

19. FUNERAL DIRECTOR (NAME) Henry Leidner Und. (ADDRESS) 1417 N. Market Street

20. FILED JAN 1 1939 J. F. Bredek Local Registrar

No additional certificate of death  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1938

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 10:05 A.M.

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

Date of onset

Other contributory causes of importance:  
Chronic Myocarditis  
Arteriosclerosis

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? No

(Specify) Alfred Perry, M.D. (Signed)

(Address) Deputy Coroner

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

Signed

*John P. Buschholz*

Licensed Embalmer No.

*1474*

P. O. Address

*2223 St. Louis Ave*

**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.**