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.

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

791
1003

9117
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH
(a) County 2
(b) Township or (c) City St. Louis, Mo. 1
Registration District No.
Primary Registration District No.
Registered No. 2882
(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 426 Emma Belcour,
(a) Residence, No. 4043 Westminister St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Lucian D. Belcour,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9th, 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	2	16	

OCCUPATION
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) (STATE OR COUNTRY): Marine, Ills. 1

FATHER
13. NAME: Jacob Metzler, 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not knonw 2

MOTHER
15. MAIDEN NAME: Caroline Hebrock, 2
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not knonw

17. INFORMANT: Mr. John Metzler,
(ADDRESS) 1122 Main Str. Highland, Ills

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memoriäl Park. DATE Mar. 28th, 39

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

20. FILED MAR 27 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1936, to Mar. 25 - 1939
I last saw her alive on Mar 25 1939. Death is said to have occurred on the date stated above, at 3:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis (Mitral valve regurgitation)	

Other contributory causes of importance: Senility

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Dwight L. Jenson, M. D.
(Address) 14660 Manchester

(Licensed Embalmer's Statement on Reverse Side)

Ph. Tr. 1480
12-2.30
Maryland + Cuttick
Hill Bld.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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