

REGD SEP 14 1939 791
Registration District No. 1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home 3971 Finney
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3971 Finney
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Lucinda Belleups 412

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Colo
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Thasnton Belleups 6. (c) Age of husband or wife if alive Not known years
7. Birth date of deceased man 4 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Columbus Ky (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business at home

MOTHER FATHER { 12. Name Jordan Wade

13. Birthplace Va (City, town, or county) (State or foreign country)

14. Maiden name Jessie Beale (City, town, or county) (State or foreign country)

15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Legge

(b) Address 4255 Finney

17. (a) Burial (b) Date thereof Aug 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Jas H Harrison

(b) Address 2906 Hazelton Blvd

19. (a) AUG 4 1939 (b) J. J. [Signature]
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1939 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased from July 18, 1939 to Aug 2, 1939
that I last saw him alive on Aug 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Heart unkm
Dissecting Aortic Aneurysm
Acute Phrenitis
Due to Fever
Due to Streptococci Pyogenes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pneumonia
Of operations Heart disease
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. [Signature] (M. D. or other)
Address 809 N. [Signature] Date signed 8/5/39

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.

REPRODUCTION OF THIS FORM WITHOUT PERMISSION OF THE BUREAU OF THE CENSUS IS PROHIBITED. MAKE A PERMANENT RECORD

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 James H. Harrison

Licensed Embalmer No. 760

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.