

Dr. Hoeler

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30787  
Registrar's No. 7850

OCT 14 1939 791  
Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Deaconess Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days 8 yrs

3. (a) PRINT FULL NAME Ethel Blanche Belden 435  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Thomas Belden 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased Feb 14 1910  
(Month) (Day) (Year)

8. AGE: Years 29 Months 6 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wellsville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Barnes  
13. Birthplace Unknown  
14. Maiden name Ethel Torrey  
15. Birthplace Wellsville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charlie Belden  
(b) Address 7818 Weil Ave

17. (a) Burial (b) Date thereof 9-11-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wellsville, Missouri

18. (a) Signature of funeral director Yuhne Funeral Home  
(b) Address Wellsville, Mo

19. (a) J. F. Breddeck (b) \_\_\_\_\_  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ST. LOUIS  
(c) City or town St. Louis SHREWSBURY [NR]  
(d) Street No. 7818 Weil  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 11th  
year 1939 hour 1:45 minute \_\_\_\_\_ am \_\_\_\_\_ pm  
21. I hereby certify that I attended the deceased from May 20  
1939, to Sept 11, 1939  
that I last saw her alive on Sept 11, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure Duration 2 hours  
Due to Strain of labor  
Due to Chronic Myocarditis unknown  
Other conditions Pregnancy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Acute myocardial failure  
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) no  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(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 Walter H. Nelson (M. D. or other)  
Address 2602 South Grand Date signed 9/14/39

**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 Howard A. Rowland  
Licensed Embalmer No. 3114  
P. O. Address St. Louis, Mo.

1164 31

**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.**