DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3636

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr. 8 mo. 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 S. 18th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Francis Belrose

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Biehle Belrose

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased June (Month) 27 (Day) 1861 (Year)

8. AGE: Years 78 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Night watchman

11. Industry or business

MOTHER FATHER

12. Name Lawrence Belrose

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

MOTHER

14. Maiden name Eliza Bole

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

16. (a) Informant's own signature Records of State Hospt#4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 1 40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Clarence P. Kidwell

(b) Address 6937a Gravois St. Louis, Mo.

19. (a) Jan 29-40 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29 year 1940 hour 9:15 a.m. minute M.

21. I hereby certify that I attended the deceased from 1-14, 1940 to 1-29, 1940; that I last saw him alive on 1-29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	24 hours
Due to Influenza	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Mueller (M. D. or other) MD

Address Farmington, Mo. Date signed 1-30-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Gravois

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.