

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
1922 Angelrodt Str. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 Yrs.
years, months or days

3. (a) PRINT FULL NAME Bernard Henry Bellmann,
3. (b) If veteran, name war None 3. (c) Social Security 494-03-5162

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Bellmann, 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 8, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker,

11. Industry or business Furniture Mfr.

12. Name Bernard Bellmann,

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

14. Maiden name Gertrude Keinbaum

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

16. (a) Informant Mrs. Anna Bellmann

(b) Address 1922 Angelrodt Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____

(b) Address 2117 E. Grand Blvd.

19. (a) JUL 23 1940 (b) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St. Louis 15 26
(If outside city or town limit, write "RURAL")
(d) Street No. 1922 Angelrodt Str
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 4
1939, to July 21, 1940,
that I last saw him alive on July 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.
Chronic Glomerular Nephritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Louis Kuppel (M. D. or other) MD

Address 2114 E Grand Date signed 7-22-40

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1-15-3

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Sea

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.