

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1791  
Registrars No. 20

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
2524 S. 4th.  
(d) Length of stay: In hospital or institution 40 Years  
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 2522 S. 4th.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME JULIUS BELINGER  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife Emma Belinger  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 27th. 1857

8. AGE: Years 83 Months 5 Days 10  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown

16. (a) Informant Harry Belinger  
(b) Address 3109 E. 13th. Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-9-41  
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director ELEANOR & SON, INC.  
(b) Address St. Joseph, Mo.

19. (a) Jan 8, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 7th.  
year 1941 hour 10 minute 45 A. M.

21. I hereby certify that I viewed the deceased from Jan 7th  
that I last saw him ~~at~~ and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage.  
Due to General arteriosclerosis

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 While at work? (Specify type of place) (e) Means of injury  
23. Signature H. F. Munday (M. D. or other)  
Address 404 So 3rd St. ST. JOSEPH Date signed 1/10/41

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

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**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.....

*Carl W. Haase*

Licensed Embalmer No. ....

*3955*

P. O. Address .....

*St. Joseph, 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, fact should be so stated above.**