S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Re 1120 Cr 15850

State File No.

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 754

96
8
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Web Gro 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 566 S. Gore Av
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ELIZABETH ANNE BELLON

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 26 (Day) 41 (Year)

8. AGE: Years 0 Months 0 Days 90 If less than one day hr. min.

9. Birthplace RICHMOND HEIGHTS (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Mario Paul Bellon
13. Birthplace St Louis (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Mary Catherine Brides
15. Birthplace Silex (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mario P. Bellon
(b) Address 566 So Gore Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Mettelberg Funeral Home
(b) Address Webster Groves Mo
19. (a) APR 6 1941 (Date received local registrar) (b) T R Mayer M D Dr R H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5th
year 1941 hour 6 minute 22 P.M.
21. I hereby certify that I attended the deceased from MARCH 26, 1941, to APRIL 5, 1941;
that I last saw her alive on APRIL 5th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ASPHYXIA
Due to Aspiration of mucus
Due to
Other conditions Spina Bifida with meningomyelocele, hydrocephalus
(Include pregnancy within 3 months of death)
Major findings
Of operations
Of autopsy 157a

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

23. Signature Mark H. Donovan (M. D. or other) TMD.
Address St. Mary's Hosp Date signed 4/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Binkley

Licensed Embalmer No. 3637

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, fact should be so stated above.