

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 980
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3646 Pennsylvania Avenue 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME HARRY A. BELZ

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

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine Belz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 4, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Krey Packing Company

12. Name Harry Belz

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

14. Maiden name Sofia Notz

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

16. (a) Informant Christine Belz

(b) Address 3646 Pennsylvania Avenue

17. (a) Burial (b) Date thereof June 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm C. Myrdall
(b) Address 1926 Allen Avenue

19. (a) JUN 20 1941 (b) DR Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by carbon monoxide gas.

Due to 16320

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) Suicide

(b) Date of occurrence June 18, 1941

(c) Where did injury occur? Lemay Township
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Louis H. Ross (M. D. or other)
Address Kirkwood, Mo. 6/19/41 Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

000

JUN 23 1941

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. E. Sneydall

Licensed Embalmer No.

1467

P. O. Address.....

1926 Allen Ave

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.