

FILED MAY 19 1942

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 4247 Ashland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leona Annette Beltz

3. (b) If veteran, name war. None 3. (c) Social Security No. N488-09-0616

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 25, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 1 16 hr. min.

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

10. Usual occupation Clerical work

11. Industry or business Retired

12. Name Arthur C. Beltz

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

14. Maiden name Anna Busch

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

16. (a) Informant Arthur C. Beltz

(b) Address 4247 Ashland Ave

17. (a) Burial (b) Date thereof 5/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 12 (b) J. F. Fredrick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11,
year 1942 hour 12:50 AM minute..... M.

21. I hereby certify that I attended the deceased from May 6, 1942
..... 19..... to May 11, 1942
that I last saw him alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration

7 yrs

Due to.....

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?

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

23. Signature [Signature] (M. D. or other).....

Address 3651 Grand St Date signed 5-12-42

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

MOTHER FATHER

J.B.

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 *William B. Buchholz*

Licensed Embalmer No. *2110*

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.