

FILED OCT 13 1943 318

1003

Registrar's No. **8757**

Registration District No.

Primary Registration District 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:
Gietner Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 5 mos.
(Specify whether
 In this community
years, months or days)

3. (a) PRINT FULL NAME Louisa Belrose

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife. John Belrose 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. May 19, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 13 hr. min.

9. Birthplace New Franklin County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Charles Bieble
 13. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Gross
 15. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Durney
 (b) Address 3627 Humphrey

17. (a) burial (b) Date thereof 10/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director J L Ziegenhein & Sons
 (b) Address 7027 Gravois

19. (a) OCT 4 1943 (b) J. F. Busch
(Data received local registrar) (Registrar's signature)

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. 3627 Humphrey
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
 year 1943 hour 8:30 minute 00 M.

21. I hereby certify that I attended the deceased from May 15 1943 to Oct. 2 1943
 that I last saw her alive on Oct. 2 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Permeable Anemia Duration 3 year

Due to Atherosclerosis

Due to 72

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) (c) Means of injury.....

23. Signature J. C. Herchenroeder (M. D. or other)
 Address 5000 S. Broadway Date signed 10/2/43

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

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.....

C. P. Kildiveel

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.