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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1943

Registration District No. 3171

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 39058

Registrar's No. 2571

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital 0 (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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 0 (If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME ELIZABETH BELZ

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John Herman Belz

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 13 (Day) 1862 (Year)

8. AGE: Years 81 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William Schmidt
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Schmitt
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Frank Muckerman

(b) Address 1415 Luther Court,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) NOV 22 1943 (Date received local registrar) (b) E. G. McGarran, M. D. (Registrar's signature) F. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1943 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from Nov 14, 1943, 19..., to 11-20-, 1943; that I last saw her alive on 11/19/, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

108

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 Louis A. Lenter M.D. (M. D. or other)

Address 604 N Grand Date signed 11/20/43

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.A.Heuer.
Mo. Theatre Bldg.
JE-5171
Hrs. 4 to 5 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.