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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 22 1946

Primary Registration District No. 3063

Registrar's No. 865

1. PLACE OF DEATH:

(a) County St Louis County

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

(c) Name of hospital or institution St Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
Specify whether

In this community 12 years
years, months or days

3. (a) PRINT FULL NAME Ruby Belt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 30 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER {

12. Name Ruby Belt

13. Birthplace Lurgan Co Ky
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Scarlett

15. Birthplace Sumner Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address 6779 Robbin Weeaten

17. (a) burial (b) Date thereof 4-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Campbell

18. (a) Signature of funeral director Geo. L Pleitsch

(b) Address 5966-68 Easton Ave.

19. (a) 4-17-46 (b) Geo. L Pleitsch
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Weeaten 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6779 Robbin 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Year No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4
7 1946 4-10 1946
that I last saw her alive on 4-10 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Brain pneumonia
Fr. Cervine Dextrose

Duration 3 days
4 days

Due to auto accident 170 20

Due to passenger in auto that turned over
after fire blew out

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) Automobile 305

(b) Date of occurrence April 6

(c) Where did injury occur? 1 1/2 miles E of Holtcomb Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public road
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul Water (M. D. or other) MD
Address 601 Dentwood Clayton Date signed 4/12/46

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

767

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6779 Robbins Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruby M. BELT.

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th.
year 1946 hour 4 minute 25 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 30, 1929.
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>2</u>	<u>10</u>	hr. _____ min.

Immediate cause of death _____

Due to _____

Due to _____

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

10. Usual occupation None

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Read BELT.

13. Birthplace Livingston Co. Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Gladis Scarlet.

15. Birthplace Duncan County, Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Read BELT.

(b) Address 6779 Robbins Avenue.

17. (a) Removal (b) Date thereof 4-11-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Missouri.

18. (a) Signature of funeral director Geo. L. Pleitech, Inc.

(b) Address 6966-68 Easton Avenue.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 Arnold J. Willmann CORNER.
(M.D. or other)

Address Clayton, Mo. Date signed _____

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

14252

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.