

S. No. 2
M-2-43
5-17-39
X32587

FILED JAN 27 1947

318

1003

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

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:
City Hospital #1
(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.....

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

(d) Street No. 2237a S. 18th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN BELKO

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
year 1947 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife.....
Elizabeth Belko

6. (c) Age of husband or wife if alive..... 55 years

7. Birth date of deceased January 9-1882
(Month) (Day) (Year)

Immediate cause of death.....
Labor Pneumonia
Adherent Pericardium

Due to.....

Due to.....

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

Major findings:
Of operations.....
108

Of autopsy.....

8. AGE: Years Months Days If less than one day

65	0	5	hr. min.
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9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Martin Belko

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

14. Maiden name Anna Hargos

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Belko

(b) Address 2237a S. 18th Street

17. (a) Burial (b) Date thereof Jan. 17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Myrdell Wood Co.

(b) Address 1926 Allen Avenue

19. (a) JAN 16 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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 John E. Taylor (M. D. or other).....
Date signed 1/14/47

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.....

Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.