

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38431

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> TOWN <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u> TOWN <u>96</u>	
c. LENGTH OF STAY (If this place) <u>1Y; 5M; 15D</u>		d. STREET ADDRESS (If rural, give location) <u>No. 4 698 Oakwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1949</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Beletz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 14, 1918</u>	9. AGE (In years last birthday) <u>30</u>	10. IF UNDER 1 YEAR (Months) (Days) <u>11 23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer - McQuay Norris Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brentwood, Mo. 7</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Frank J. Beletz</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Katz</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-22-8299</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Acute Catatonic State</u>		<u>2 months.</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Dementia Praecox Psychosis.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3007</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 22, 1948, to Nov. 7, 1949, that I last saw the deceased alive on Nov. 7, 1949, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>11-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Croghan</u> ADDRESS <u>St. Louis, Mo.</u>	

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

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RECEIVED 12-6-49

Health Officer No. 4

File Number 1249-1590

Date Filed

1956 12 7 10F

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed J Allen Davis Jr

Licensed Embalmer No. 4253

P. O. Address St Louis 16 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.