No. 300
10-48

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5989

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1499

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis 8120
d. STREET ADDRESS (If rural, give location): 213 Rear Bowman Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): Andrew
c. (Last): Bellamy

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13 1950

5. SEX: Male ✓
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 10, 1905
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Armour Packing Co.
11. BIRTHPLACE (State or foreign country): Charleston, Miss
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jerry Bellamy
13b. MOTHER'S MAIDEN NAME: Mary White
14. NAME OF HUSBAND OR WIFE: Emma Bellamy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Emma Bellamy — ADDRESS: East St. Louis, Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12-, 1950, *to* Feb 13, 1950, *that I last saw the deceased alive on* Feb 13, 1950, *and that death occurred at* 7:05 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Earle Williams M.D.
23b. ADDRESS: 50 Prince Lodge Ill
23c. DATE SIGNED: 2/14 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 15 1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): E. St. Louis Illinois

DATE REC'D BY LOCAL: FEB 15 1950
REGISTRAR'S SIGNATURE: J. B. Saxton
25. FUNERAL DIRECTOR'S SIGNATURE: J. L. Marshall — ADDRESS: E. St. Louis, Ill

(Licensed Embalmer's Statement on Reverse Side)

none

Re 9/24

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 Thomas M. Dobson

Licensed Embalmer No. 4479

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.