

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18939**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1200**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) Ballwin		c. CITY (If outside corporate limits, write RURAL and give township) FLAT RIVER	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 6 BENNETT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Homes			

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) ANN c. (Last) Bellm	4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 6, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZENRY OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME BEN POWELL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE FRANK BELLM
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Thurth Bellm, Flat River, Mo.	ADDRESS Flat River, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 2/3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis (primary)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 1, 1949**, to **May 9, 1950**, that I last saw the deceased alive on **May 8, 1950**, and that death occurred at **8:35** m., from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving, M. D.	(Degree or title)	23b. ADDRESS Ballwin, Mo.	23c. DATE SIGNED 5-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/11/50	24c. NAME OF CEMETERY OR CREMATORY Memie Cemetery	24d. LOCATION (City, town, or county) (State) Flat River, Mo.
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DATE REC'D BY LOCAL REG. 5-10-50	REGISTRAR'S SIGNATURE Herbert G. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE R. Caldwell of Flat River, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1000
4

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 R Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.