

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26708

State File No.

FILED AUG 1 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 200 Registrar's No. 2008

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> <u>4511</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellisville</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u> <u>57</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>8950 Manchester</u>		
3. NAME OF DECEASED (Type or Print) <u>MARY BELLE BIELICKY</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>		8. DATE OF BIRTH <u>May 8th. 1872</u>		
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Wbster Groves Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Dayball</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Bielicky</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Harry Vaughan</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Gangrene</u> DUE TO (c) <u>Diabetis Mellitus</u> <u>260X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3hrs.</u> <u>3 mo.</u> <u>yrs.</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) (Minute) <u>11:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>A</u>				
22. I hereby certify that I attended the deceased from <u>June 1, 1952</u> , to <u>July 7, 1952</u> , that I last saw the deceased alive on <u>July 7, 1952</u> , and that death occurred at <u>1:30P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Hallie Rhureberg</u>				23b. ADDRESS <u>654 N. Kirkwood Vld. Kirkwood 22. Mo.</u>		23c. DATE SIGNED <u>7-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Memorial Gd.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donald</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. O. Parker, Aldrich, F. Home, Webster Groves Mo.</u>				

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

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

Leslie Welch

Licensed Embalmer No. *43905*

P. O. Address *Helster Grove*

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.