S. No. 300
V. 10.48

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

FILED NOV 14 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 37044

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2822

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Old Peoples Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: White
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Searcy 8030
d. STREET ADDRESS (If rural, give location): Rural Route 6

**3. NAME OF DECEASED** (Type or Print)
a. (First): MATHILDA
b. (Middle): ELIZABETH
c. (Last): BELEW

**4. DATE OF DEATH** (Month) (Day) (Year): October 31, 1952.

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Sept 24, 1865
**9. AGE** (In years last birthday): 87 | 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): Dressmaker
**10b. KIND OF BUSINESS OR INDUSTRY**: Dressmaking ~~Self-employed~~
**11. BIRTHPLACE** (State or foreign country): Romance Arkansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Thomas Belew
**13b. MOTHER'S MAIDEN NAME**: Martha Kyle
**14. NAME OF HUSBAND OR WIFE**: ----None----

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: C.O.P.H. Files, 6600 Washington Avenue.

**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) Apoplexy. — INTERVAL BETWEEN ONSET AND DEATH: 36 hr.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) 334X

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**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May, 1952, *to* Oct 31, 1952, *that I last saw the deceased alive on* Oct 26, 1952, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. Rhyan M.D.
**23b. ADDRESS**: 607 N. Grand.
**23c. DATE SIGNED**: 11-1-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov 3, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Laurel Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11-2-52
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave.

P.T. (Licensed Embalmer's Statement on Reverse Side)

## 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 Wm Buckley

Licensed Embalmer No. 3659

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.