

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5907**
Registrar's No. **1189**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY OR TOWN MAPLEWOOD	
c. LENGTH OF STAY (In this place) 1 DAY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSP.		e. STREET ADDRESS (If rural, give location) 7202-LYND DYER	

3. NAME OF DECEASED (Type or Print) MRS. - LENA BELLAIRS			4. DATE OF DEATH (Month) (Day) (Year) FEB-5-1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC-29-1868		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WEBSTER GROVES, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE YOUNG		13b. MOTHER'S MAIDEN NAME CAROLINE WEBBER		14. NAME OF HUSBAND OR WIFE JOHN W BELLAIRS-DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS JOHN HARTMAN-WEBSTER GROVES	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteries Sclerotic Heart Disease 5 yrs.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DU TO (b) Hemiplegia Ventral, DU TO (c) Incarcerate, Strangulated			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/4/54		19b. MAJOR FINDINGS OF OPERATION Hemiplegia. Post Operative Ventral, Strangulated		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5613	

22. I hereby certify that I attended the deceased from **Jan**, 19**54**, to **1/5/54**, 19**54**, that I last saw the deceased alive on **1/5/54**, 19**54**, and that death occurred at **6:50** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Kusen		23b. ADDRESS Maplewood Mo		23c. DATE SIGNED 1/6/54	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE FEB-8-1954		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	
24d. LOCATION (City, town, or county) (State) KIRKWOOD - MO.		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS Webster Groves Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 8 1954					

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

16.300
0.48

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.....
Signature of Student Embalmer

Signed *Leslie Welch*.....

Licensed Embalmer No. *43*.....

P. O. Address *Holston*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.