

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42177

State File No.

1003

Registrar's No. 10484

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis | | c. LENGTH OF STAY (in this place) 5 yrs | | c. CITY OR TOWN St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3459 CRITTENDEN | | e. STREET ADDRESS (If rural, give location) 16 3459 CRITTENDEN | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|------------------------|--|---|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) MATTIE b. (Middle) EARLE c. (Last) Belcher | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 17 1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Nov 20, 1889 | 9. AGE (In years last birthday) 64 | 10. IF UNDER 1 YEAR Months 11 Days 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and State or Foreign Country) Black Island, Mo | |
| 13a. FATHER'S NAME John N. Lewis | | 13b. MOTHER'S MAIDEN NAME Roxie Warden | | 14. NAME OF HUSBAND OR WIFE John Lee Belcher | |

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|--|--|------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME John Belcher, 3459 Crittenden, St. Louis | |
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Stomach | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| 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. | | | |

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|--|--|--|--|--|--|
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 151X | |

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Nov 17, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 12:15 p. m., from the causes and on the date stated above.

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|--|--|---------------------------------|--|--|--|
| 23a. SIGNATURE John Vanderhorst MD (Degree or title) | | 23b. ADDRESS 1504 So Grand Blvd | | 23c. DATE SIGNED 11/18/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov 20, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) St. Louis Mo | |

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|--------------------------------------|--|-------------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. NOV 18 1954 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell, 5165 Nehman Blvd | |
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Rex E. Campbell*.....

Licensed Embalmer No. *388*.....

P. O. Address *H. Lewis St.*.....

**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.**