No. 300
10.48

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

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2318

BIRTH NO. 64409-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1041

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) En-route Childrens Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3518 A. Indiana Ave.,

3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Louis c. (Last) Belavich

4. DATE OF DEATH (Month) 2-- (Day) 2-- (Year) '55

5. SEX 0 Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0

8. DATE OF BIRTH 9---10---'54

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Michael Belavich

13b. MOTHER'S MAIDEN NAME Geraldine Goodman

14. NAME OF HUSBAND OR WIFE --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. -------

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael Belavich-3518A. Indiana Ave

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) Enterite enteritis — INTERVAL BETWEEN ONSET AND DEATH 3 days

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.

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? 5710

22. *I hereby certify that I attended the deceased from* 12/31, 1954, *to* 2/2, 1955, *that I last saw the deceased alive on* 2/2, 1955, *and that death occurred at* 11 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Schinderwolf (Degree or title) MD

23b. ADDRESS 2026 So 9th St

23c. DATE SIGNED 2/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 2--5--'55

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.,

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo

DATE REC'D BY LOCAL REG. FEB 4 1955

REGISTRAR'S SIGNATURE Karl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home-1926 Allen Ave

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed. Reinhold K. Lehmann.....

Licensed Embalmer No. 339

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.