

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031036

FILED VS AUG 26 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2199

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Length of stay in 1b 25 Yrs.		c. CITY OR TOWN Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6232 Dowler Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6232 Dowler Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Hildegard Middle Katherine Last Belter				4. DATE OF DEATH Month 8 Day 13 Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/9/96		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor & Waitress				10b. KIND OF BUSINESS OR INDUSTRY Kaufman Lunch				11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Herman Cramer				13b. MOTHER'S MAIDEN NAME Frances Fetig				14. NAME OF HUSBAND OR WIFE Edward C. Belter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 486-28-2837		17. INFORMANT Address Mrs. James Cornelius, 6232 Dowler							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Ovary & Metastasis DUE TO (b) to Liver DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5/18/59			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour s.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 5/9/59 to 8-13-59 and last saw her 8/10/59 alive on _____ Death occurred at 5:53 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS 730. Hodgesmont				22c. DATE SIGNED 8/15/59 (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/17/59		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) St. Louis County Mo.							
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.				ADDRESS		25. DATE RECD. BY LOCAL REG. 8-15-59		26. REGISTRAR'S SIGNATURE [Signature]					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Pa. 1-7201
Hrs. 1-3 Sat.

JUN 1 1937

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 *Albert A. Thompson*

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.