

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003472

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 752 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 40 North Kingshighway Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Mary Cobb Belden

4. DATE OF DEATH Month Day Year Jan. 16, 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 9-10-1893 9. AGE (last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY housewife 11. BIRTHPLACE (City and state or country) Lebanon Indiana 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Gobb 13b. MOTHER'S MAIDEN NAME Ella, Lowe 14. NAME OF HUSBAND OR WIFE Joshua H. Belden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. none 17. INFORMANT Iowa. Mrs. Wallace Anderson 1821 Walnut St Cedar Falls

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Aspiration pneumonia*
2. bronchial asthma
3. bronchitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *hypertension & cardio vascular*
DUE TO (c) *carcinoma sigmoid*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Esophageal carcinoma sigmoid with metastasis

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) *153.3*

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 *1-10-62* to *1-16-62* and last saw her/him alive on *1-16-62*. Death occurred at *STHS* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *James A. Forsee M.D.* 22b. ADDRESS *3983 Leitch* 22c. DATE SIGNED *1-17-62*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Cremation* 23b. DATE *1-18-1962* 23c. NAME OF CEMETERY OR CREMATORY *Oak Grove Crematory* 23d. LOCATION (City, town, or county) (State) *St. Louis County Missouri*

24. FUNERAL DIRECTOR ADDRESS *C.R. Lupton and Sons 7233 Delmar Blv'd.* 25. DATE RECD. BY LOCAL REG. *JAN 17 1962* 26. REGISTRAR'S SIGNATURE *Roan Smith, M.D.*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DATE AMENDED

Mr. G. A. Johnson
3903 Olive
St. 11883 -
1100 To 5:00 P.M.
Stu. Mary Bellam
City Line

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address A. Lewis, Jr.

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.