

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-048163
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12462

FILED JAN 10 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis, Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jefferson
 c. CITY OR TOWN High Ridge Missouri Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. #2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Lillian Leona Belt

4. DATE OF DEATH Month Day Year
12-26-62

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 9-9-00 9. AGE (last birthday) 62

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

13a. FATHER'S NAME Weber, Frank 13b. MOTHER'S MAIDEN NAME Sargant, Hattie 14. NAME OF HUSBAND OR WIFE Lonnie Belt

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. _____ 17. INFORMANT Address Lonnie Belt, High Ridge, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction
 DUE TO (b) coronary arteriosclerosis
 DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH _____

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.
 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.) _____

20c. TIME OF INJURY Hour a.m. p.m. 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 12-19-62 to 12-25-62 and last saw her/him alive on 12-25-62
 Death occurred at 4:19 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerard Smith M.D. ASSISTANT RESIDENT 22b. ADDRESS FIRMIN DESLOGE HOSPITAL 22c. DATE SIGNED 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE Dec. 29, 1962 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 23d. LOCATION (City, town, or county) (State) Grubville, Missouri

24. FUNERAL DIRECTOR ADDRESS M. J. Croghan, 7146 Manchester Avenue 25. DATE RECD. BY LOCAL REG. DEC 27 1962 26. REGISTRAR'S SIGNATURE Gerard Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

0250048

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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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo.

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.