

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029568

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 48

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	DATE AMENDED	
10928	2	
24014	2	
3	DATE AMENDED	
4 0	DATE AMENDED	
5 2	DATE AMENDED	
6	DATE AMENDED	
7 0	DATE AMENDED	
8 2	DATE AMENDED	
9 4200	DATE AMENDED	
10	DATE AMENDED	
11	DATE AMENDED	
12 1-0	DATE AMENDED	
13 5-0	DATE AMENDED	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

FILED JUL 29 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Charles		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Length of stay in 1b 4 Days		c. CITY OR TOWN St. Ann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) St. Josephs Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3604 High Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Frank Bellew			4. DATE OF DEATH July 23, 1963		
5. SEX Male		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 6/20/1893		9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Bellew		13b. MOTHER'S MAIDEN NAME Hattie Robinson	
14. NAME OF HUSBAND OR WIFE The Late Carrie Bellew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Dorothy Barth		Address 3604 High Drive,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac failure - pulmonary edema					3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerosis Heart disease					10 yrs
DUE TO (c)					
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 a.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 <u>1950</u> to <u>1963</u> and last saw her alive on <u>July 23 1963</u> Death occurred at <u>1 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paula Stewart MD			22b. ADDRESS St. Louis County Mo		22c. DATE SIGNED 7/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/26/1963		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
				23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. July 24 1963	
				26. REGISTRAR'S SIGNATURE Palmyra Stewart	

(Licensed Embalmer's Statement on Reverse Side) *Mabel F. Funderbalt (seal)*

USE BLACK INK OR TYPEWRITER RIBBON

AUG 1 1963

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann 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.