

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38834

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 4975 Lindenwood Ave Ward)

File No.
 Registered No. 11570

2. FULL NAME

Minnie Bellville
 (a) Residence. No. 4975 Lindenwood St. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Bellville
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 22
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927
 17. I HEREBY CERTIFY That I attended deceased from Dec 15 1927 to Dec 25 1927 that I last saw h. alive on Dec 28 1927 and that death occurred, on the date stated above, at 9:10 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
13E
123B
Concussion of Abdominal Symplices (duration)
 CONTRIBUTORY Injury
 (SECONDARY) hemorrhage (duration)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 10. NAME OF FATHER F. D. McKesson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 12. MAIDEN NAME OF MOTHER Alina Hatfield
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. ✓
 DID AN OPERATION PRECEDE DEATH? No DATE OF 26
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Cloud Stethoscope
 (Signed) P. Brickbauer, M. D.
 (Address) 3147 S. Jeff. Av
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT William H. Bellville
 (Address) 4975 Lindenwood
 15. FILED DEC 26 1927 Mar. E. Sturkeoff
 REGISTAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grandview Ind. DATE OF BURIAL Dec 27 1927
 20. UNDERTAKER Wheeler Funeral ADDRESS 1805 Union Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Dr. P. Brickbauer 2147 S. Jefferson

3147 S. Johnson

Receipt - 603