

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

Do not use this space.

11454

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *79I*
Primary Registration District No. *100P*
(No. *2334*, *Howard St*)

File No.....
Registered No. *3297*
St. Ward)

2. FULL NAME

(a) Residence. No. St. *20* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

Charles Belty

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maggie Belty*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 30th 1860*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>67</i>	<i>9</i>	<i>22</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer) *Butcher*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

10. NAME OF FATHER *Charles Belty*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Margaret Mann*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT *Mrs Maggie Belty*
(Address) *2334 Howard St*

15. FILED *MAR 28 1928*
Max C. Stenberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 22 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *9 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun Shot Wound
Head
Self Inflicted
Suicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *J. W. Fegner* M.D.
8/23, 1928 (Address) *Dep Corone*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Priedens* DATE OF BURIAL *March 24 1928*

20. UNDERTAKER *Math Hermann & Son* ADDRESS *4103^{1/2} Flourissant*

