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

Do not use this space.

28894

File No. 8397

Registered No.

1. PLACE OF DEATH

County

Township

Registration District No. 791

Primary Registration District No. 1008

City St. Louis (No. Jewish Hospital St. Ward)

2. FULL NAME Emil M. Beldner

(a) Residence. No. 2130 S. Broadway St., 23 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Beldner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17-1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	--		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agt.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Romania

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Martin Beldner
(Address) 2130 S. Broadway

15. FILED AUG 18 1928 Harry C. Stark Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-17 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-14-28, 19, to 8-17, 1928, that I last saw h alive on 8-17, 1928, and that death occurred, on the date stated above, at 6 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1a (1) Acute Myocardial Failure

1b

1c Sen Gen? (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C T Eckert, M. D.
, 19 (Address) Jewish Hosp

*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: Chesed Shel Emeth Cem. DATE OF BURIAL: Aug. 20 1928

20. UNDERTAKER: H. Rindskopf ADDRESS: 5216 Delmar

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.

Emil Beldner