WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38626

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 1438 S. 10th St. St. ..... Ward)

File No. .....

Registered No. 11252

2. FULL NAME Joseph Belew

(a) Residence. No. 1438 S 10th St 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: Male

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: Sarah Belew

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 1877

7. AGE: YEARS 51 MONTHS 5 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Boas & Keil

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Silas Belew

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

12. MAIDEN NAME OF MOTHER: Mary Collins

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

14. INFORMANT: Sarah Belew
(Address) 1438 S 10th St.

15. FILED NOV 20 1928 19 Max C Starkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 17, 1928 that I last saw him alive on Nov 17, 1928, and that death occurred, on the date stated above, at 9 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) 1010

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Wm S Barker, M. D

Nov 18, 1928 (Address) 3903 Olive St St Louis Mo

*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: De Soto Mo

DATE OF BURIAL: Nov. 19 1928

20. UNDERTAKER: Fred M Williams

ADDRESS: 4561 Delmar