

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.

15789

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis, Mo. (No. Deaconess Hospital)

File No.....

Registered No. **4239**

St. Ward)

2. FULL NAME Mary A. Bellville

(a) Residence. No. 3408 M. 11<sup>th</sup> St., 26 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clifford Bellville</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 28, 1884</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>6</u>
	DAYS <u>8</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer).....		
(c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY) Ind.

PARENTS	10. NAME OF FATHER <u>George Owens</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ida Phifer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)

14. INFORMANT Clifford Bellville  
(Address) 3408 M. 11<sup>th</sup> St.

15. FILED 7 1931 Marj C. Sterling  
REGISTRAR

**3** MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) April 6<sup>th</sup> 1931

17. HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 6, 1931, and that I last saw her alive on April 6, 1931, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Suppression of Urine  
139C  
133C  
(duration) ..... yrs. mos. 2 ds.  
CONTRIBUTORY Chronic Ulcerated Cervix  
(SECONDARY) (duration) 1 yrs. mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 139C  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-2-31  
WAS THERE AN AUTOPEY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) Burland Hobbs M. D.  
47, 1931 (Address) 305 Metropolitan Bldg. 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 Washington, Indiana DATE OF BURIAL April 8 1931

20. UNDERTAKER Henry Lidner, Mnd. Co. M. Market St.  
ADDRESS 1417

about Mrs. [unclear]