

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

Do not use this space.

19942

1. PLACE OF DEATH

County..... Registration District No. 1701
 Township St Louis Mo Primary Registration District No. 4009
 City St Louis Mo (No. 4009 Schiller Place) St. _____ Ward _____

File No. _____
 Registered No. 5971
 St. _____ Ward _____

2. FULL NAME

Frances Bellin
 (a) Residence. No. 4009 Schiller Place 15 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>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 27 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
<u>81</u>		<u>0</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY) 10

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Frank Bellin
 (Address) 444 DE KORT ST

15. FILED 26 1931 Max C. Starck
 REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1931

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to May 25, 1931, that I last saw her alive on May 23, 1931, and that death occurred, on the date stated above, at 5 21 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: 920A
Phlebotomy of Femoral Vein of right thigh
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Initial resuscitation
Not known (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRAICTED Not known
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Dr. Prideman M. D.

(Address) 3146 Morganford Rd
 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 SS Peter + Paul Cem DATE OF BURIAL May 27 1931

20. UNDERTAKER John Ziegenhein + Sons ADDRESS 455 Lafayette

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.

3146 Morganford Rd

