

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

Do not use this space.

6768

1. PLACE OF DEATH

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

Registration District No. 709
Primary Registration District No. 1008B
(No. Infirmery)

File No.....
Registered No. 1846
St. Ward)

2. FULL NAME Richard Belt

(a) Residence, No. Lodging House St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1932

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

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1932, to 2-16-1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw him alive on 2-16-1932 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 45 — — —

to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9 237
10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation. 1

Chronic myocarditis Date of onset 7/1931

Other contributory causes of importance:
Aortic aneurysm
Neurosyphilis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 2

FATHER 13. NAME Ira Belt

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME Arian Unknown

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

Manner of injury..... D
Nature of injury.....

17. INFORMANT Mr. Holbrook
(ADDRESS) 700 Arsenal

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis U DATE 2-19 1932

19. UNDERTAKER Walter Richter
(ADDRESS) 2500 Rutledge St

If so, specify.....

20. FILED Feb 25 1932 Max C. Standley
Registrar.

(Signed) J. J. Ralston M. D.
(Address) 5600 Arsenal St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

