

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.

10367

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *St. Louis No. 5*)

File No.
Registered No. *2389*
St. Ward)

2. FULL NAME

Charles B. Bellnap
(a) Residence, No. *5714 Waterman* St., *5* Ward.

(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*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 21 1880*
7. AGE YEARS *52* MONTHS *1* DAYS *19* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wm. Furnishings*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brooklyn 2*

13. NAME *Chas Bellnap*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N.Y.*

15. MAIDEN NAME *R. Betty Schurz*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baltimore Md*

17. INFORMANT (ADDRESS) *Jewell Bellnap 5714 Waterman*

18. BURIAL, CREMATION, OR REMOVAL *St. Hope East B'n. DATE May 14 1932*

19. UNDERTAKER (ADDRESS) *Langans Sheppard CO 4418 Washington*

20. FILED *MAR 13 1932* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 11 1932*
22. I HEREBY CERTIFY, That I attended deceased from *1-24 1928* to *May 11 1932*
I last saw him alive on *3-27-32*, 19*32* Death is said to have occurred on the date stated above, at *10:45 P.M.*
The principal cause of death and related causes of importance were as follows:

acute cardiac dilatation Date of onset *3-11-32*
1928
Other contributory causes of importance:
Myocardial degeneration
Hypertension
arteriosclerosis
Name of operation Date of operation
What test confirmed diagnosis? *Heart autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Howard A. Cook*, M. D.
(Address) *Beaumont Bldg.*

Dr. Howard A. Cook

