SEP 10 1937

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

Do not use this space. 29294

1. PLACE OF DEATH

County 2 Registration District No. 791 File No. 7927

Township 1 Primary Registration District No. 1003 Registered No.

City St. Louis (No. 5446 Vernon Avenue St. Ward)

2. FULL NAME William H. Belt

(a) Residence, No. 5446 Vernon Avenue St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Jessie S. Belt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22nd, 1851

7. AGE: YEARS 86 MONTHS 6 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): St. Louis Mo.

FATHER

13. NAME: Lloyd T. Belt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Elizabeth Wolff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

17. INFORMANT (ADDRESS): Mary V. Bolt 5446 Vernon Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Bellefontaine DATE Aug 24th, 1937

19. UNDERTAKER (ADDRESS): Wagoner Undertaking Co 3621 Olive Street.

20. FILED AUG 24 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:17 P.M. m.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

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? No

If so, specify

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. ASK should be stated in full. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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