

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5109
Do not use this space.

1. PLACE OF DEATH 4 1938 Homer G Phillips Hospital 791
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. 1008 Registered No. 1754
 (c) City..... St. Louis (d) Street No. 2601 N Whittier St.
 (e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Reuben C Belford 416
 (a) Residence, No. 2524a N Newstead St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Feb. 16 1938

I last saw him alive on Feb. 16 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1881

to have occurred on the date stated above, at 4:25p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 56 7 6

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

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

Arteriosclerotic heart disease Date of onset 2/1/38

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME James Belford

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Frazier

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

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb. 18, 1938

19. FUNERAL DIRECTOR W. C. Gordon (ADDRESS) 2649 Pelmar Blvd.

20. FILED FEB 18 1938 J. T. Predeck Local Registrar. (Address) 2601 N Whittier

Name of operation Date of What test confirmed diagnosis? clinical 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, 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? If so, specify (Signed) W. L. Lewis, M. D. (Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, A.P. Richardson, Licensed Embalmer No. 2928
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A.P. Richardson
Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)