AR 9 1939 REC'D APR 7 1938

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

12350
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township Jefferson — Primary Registration District No. 117 — Registered No. 433
(c) City Webster Groves — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norman B. Belger
(a) Residence, No. 509 N. Kirkham St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single (Baby)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Baby)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22-1938
7. AGE: YEARS — MONTHS 4 DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None (Baby)
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER
13. NAME Buell N. Belger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Mo.

MOTHER
15. MAIDEN NAME Emily Paschal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Du Rocher Ill.

17. INFORMANT (ADDRESS) Buell N. Belger 509 N. Kirkham
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 3/12 1939
19. FUNERAL DIRECTOR (ADDRESS) J C Lewis Webster Groves
20. FILED MAR 9 1939 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/2 1939, to 3/8 1939
I last saw him alive on 3/8 1939. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchio-Pneumonia — Date of onset
109 A
Other contributory causes of importance: Exposure
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy?
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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ..... None
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Leroy Reynolds, M. D.
(Address) 243 E. Nebraska Webster Groves Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X12804

STATEMENT BY LICENSED EMBALMER

I, J. C. Lewis, Licensed Embalmer No. 2027

hereby certify that the body recorded on the reverse side of this certificate was embalmed by —

— L. E. —

No. — or by —, Registered Apprentice No.

working under my personal supervision.

Signed J. C. Lewis

Licensed Embalmer No. 2027

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