

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8712
Registrar's No. 2195

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6211 Arsenal St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6211 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME Mary Myers

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 7 7 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name Jacob Belitaki

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Myers
(b) Address 6211 Arsenal St.

17. (a) Removal (b) Date thereof 3-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Radom, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 5 1940 (b) J. F. [Signature]
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1940 hour 1:10 minute 0 M.

21. I hereby certify that I attended the deceased from 9:30 P.M. 20 1940 to Mar 9 1940
that I last saw him alive on Mar 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Arterio-Sclerosis
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 4905 E. Eastland Date signed 3/2/40

2195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.