

No. 2
-13-40
-17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36854

State File No. 9127

Registration District No. 7911

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Parklane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Oct. 22, 1940
To Nov 4, 1940
In this community Nov 4, 1940
(Specify whether years, months or days)

FILED DEC 11 1940

3. (a) PRINT FULL NAME Henry C. Belter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Belter

6. (c) Age of husband or wife if alive 31st years

7. Birth date of deceased Jan. 31st 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	4	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Hradil Grocery Co.

12. Name Henry Belter

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

14. Maiden name Mary Bogusch

15. Birthplace New Athens Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Belter

(b) Address 3620a Watson Rd.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11-7-40
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Kriegshauser Mortuar

18. (a) Signature of funeral director 4228 So. Kingshighway Blvd.

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 6 1940
(Date received local registrar)

(b) J. B. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3620a Watson Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1940 hour 1:30 minute P.M. M.

21. I hereby certify that I attended the deceased from October 20,
1940 to Nov. 4, 1940
that I last saw him alive on 11/4/40
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to due to an

Due to Sigmoid

Other conditions 110
(Include pregnancy within months of death)

Major findings: Ca Sigmoid
Of operations causing gut about

Of autopsy causing gut about

Duration

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? _____

23. Signature J. B. Budeck (M. D. or other) _____
Date signed _____
Address 4228 So. Kingshighway Blvd.

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

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.....
.....
Licensed Embalmer No..... 3024

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, fact should be so stated above.