S. No. 2
—1-4-41
5-17-39
PI X 8390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20035

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4847

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:
At Alexan Brothers Hosp. ()
(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 000

(c) City or town ST. LOUIS 317
(If outside city or town limits, write "RURAL")

(d) Street No. 6642 HANCOCK AV. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas BELLEW.

3. (b) If veteran, name war YES

3. (c) Social Security No. 489-01-7723

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CAMILLE BELLEW

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JUNE (Month) 10 (Day) 1891 (Year)

8. AGE: Years 49 Months 11 Days 30 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) () Mo. (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business

FATHER
12. Name FRANK BELLEW.
13. Birthplace ST Louis () Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HARRIETT ROBINSON
15. Birthplace ST IRELAND. (City, town, or county) (State or foreign country)

16. (a) Informant Camille Bellew
(b) Address 6642 Hancock av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE (Month) 12 (Day) 1941 (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette AV.

19. (a) JUN 11 1941 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9 year 1941 hour 3 minute 15 p.m.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd & 3rd Degree Burns about the head, face, and body, as a result of an explosion in a sulphur
Due to burning tank at the Titanium Pigment Company at River DesPeres
Due to and the Mississippi River, St. Louis County, about 10:00 A.M.,
Other conditions June 4, 1941.
(Include pregnancy within 3 months of death)

Duration

CAUSE AND MANNER COULD NOT BE DETERMINED

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) 000
(b) Date of occurrence June 4, 1941
(c) Where did injury occur? St. Louis, County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Industrial Place
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature James J. F. Timmons Coroner (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 19[illegible]

FEB 1 8 19[illegible]

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kenway

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.