

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22969

Registration District No. 875

Primary Registration District No. 462

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 32 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 mos 16 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Beleck

3. (b) If veteran, name was Nat Kuan 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 Mrs Anna Beleck 6. (c) Age of husband or wife if alive Nat Kuan years
7. Birth date of deceased March 9th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 2 hr. min.

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

10. Usual occupation Electrician

11. Industry or business

MOTHER FATHER { 12. Name John Beleck
13. Birthplace St Louis Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Peraka
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) St Louis Mo Date thereof June 13 1941
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Fernandus Hornig
(b) Address Nevada Mo

19. (a) 6-11-41 (b) Allen Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis City
(c) City or town St Louis City 108
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Osceola
(If rural, give location)
(e) If foreign born, how long in U. S. A.? h years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1941 4 hour 0 minute 8 P. M.

21. I hereby certify that I attended the deceased from 3/26/1940 to 6/11/1941
that I last saw him alive on 6/11/1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerotic Heart Disease

Due to _____

Due to _____

Other conditions Diabetes mellitus Gen. Arise
(Include pregnancy within 3 months of death)

Major findings: Of operations U

Of autopsy Cerebral sclerosis - myo. Cardiac degeneration. Pulmonary Congestion, edema Ar. etc.

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? 1945

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

23. Signature G.S. Warack (M. D. or other) D

Address State Hospital No 3 Nevada, Mo Date signed 6/11/41

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

8
0
6

JUL 2 1941

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

Lloyd B. Winnett

Licensed Embalmer No.

3857

P. O. Address

Wanda, Mo

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.