

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25492

Registration District No. 491

Primary Registration District No. 2485654

Registrar's No.

1. PLACE OF DEATH:

- (a) County LINCOLN
(b) City or town BURIAL BEDFORD TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 1 (Specify whether

In this community.
years, months or days)

3. (a) PRINT FULL NAME EDWARD BELAEY

3. (b) If veteran, name war Helena Belae 3. (c) Social Security No. 493-10-7634

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HELENA 6. (c) Age of husband or wife if alive 69

7. Birth date of deceased MARCH 22 1917
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Unknown 4 Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation MOTORMAN

11. Industry or business STREET CAR LINE

12. Name PETER BELAEY

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

14. Maiden name LEONA KOKERBAKER

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

16. (a) Informant Helena Belae

- (b) Address 4050 Meramac St Louis Mo

17. (a) Burial (b) Date thereof 8/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Sunset Burial Pl St Louis

18. (a) Signature of funeral director M. P. Riddle

- (b) Address 3013 Meramac St Louis

19. (a) 8-6-41 (b) Mr. Pearl Muel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4050 Meramac
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1941 hour 7 minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Accidental means
Due to Collision of two (2)
automobiles in said
Due to County and State
Other conditions 10
(Include pregnancy within 3 months of death)

- Major findings: 170 C. 71
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 3-1941
(c) Where did injury occur? St Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway #61

- While at work? Yes
(Specify time of place) (d) Means of injury
23. Signature M. P. Riddle
Address St Louis Mo Date signed 8/3/41

SEP 5 1941

APR 10 1948

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.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address *Troy, Missouri*

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.