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DEC 22 1941 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9384

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Maternity Hospital
(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 St. Louis
(c) City or town St. Louis Wellston, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6400 Lenox Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Baby Boy Belt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased October 26, 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Louis Herman Belt

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

14. Maiden name Lucille Ann Bourbon

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

16. (a) Informant St. Louis Maternity Hospital

(b) Address 630 S. Kingshighway

17. (a) burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
CITY CEMETERY

(c) Place: burial or cremation Agnes Scott University

18. (a) Signature of funeral director City Health Dept

(b) Address _____

19. (a) NOV 26 1941 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11:20 am
October 26, 1941, to 7 pm Oct 27, 1941;
that I last saw him alive on Oct 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth
(approximately 2 mos premature)

Due to premature separation of placenta.

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature J. P. Bredeck (M. D. or other) _____
Address 630 S. Kingshighway Date signed _____

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.....

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.