

FILED FEB 24 1942

Registration District No. **784**

Primary Registration District No. **107**

Registrar's No. **371**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ladue Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9059 Ladue Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. 9059 Ladue Rd.
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th
year 1942 hour 2:10 minute A.M M.

21. I hereby certify that I attended the deceased from February 1942
February 37 to Feb. 14th 19 42
that I last saw him alive on Feb. 14th 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency 5 Yrs

Due to 1315

Other conditions Chr. Interstitial Nephritis 2 Yrs

Major findings: Of operations None

Of autopsy None

PHYSICIAN None
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 Chas. E. Harris
(Specify type of place) (City or town) (County) (State) Means of injury

Signature Chas. E. Harris (M. D. or other)
Address 4322a Easton Ave. Date signed HERRIOT

3. (a) PRINT FULL NAME Emanuel L. Belger

3. (b) If veteran, name war --- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Julia Belger 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 12th 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Chesterfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Copyist

11. Industry or business George Belger

12. Name George Belger

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

14. Maiden name Emaline--Unavailable

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

16. (a) Informant Wynette Barrington
(b) Address 9059 Ladue Rd.

17. (a) Burial (b) Date thereof 2/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Yates
4107 Finney Ave.

(b) Address Chas. Yates

19. (a) FEB 18 1942 (b) C. E. McParson
(Date received local registrar) (Registrar's signature)

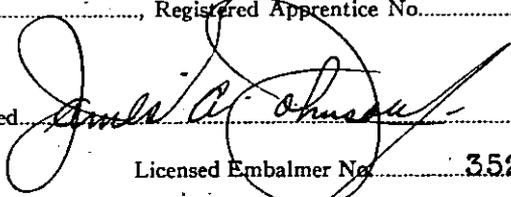
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3522

P. O. Address 4108 Finney Ave.

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.