7. S. No. 2
1—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31728

Primary Registration District No. 1002

Registrar's No. 8841

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2350 ~~2350~~ Carr St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 721

(a) State MO (b) County

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

(d) Street No. 2350 CARR ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAMIE BELVE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 9

5. Color or race C

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

6. (b) Name of husband or wife ALLIE BELVE

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct (Month) 26 (Day) 1885 (Year)

8. AGE: Years 56 | Months 11 | Days 23 | If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

MOTHER FATHER
12. Name NATHAN JORDAN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or country) (State or foreign country)

16. (a) Informant Allie Belve

(b) Address 2350 Carr St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St.

19. (a) OCT 2 (Date received local registrar) (b) J. F. Medecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1942, to Oct. 19, 1942, that I last saw her alive on Oct 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Hypertension

Due to

Other conditions none
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. Wolff (M. D. or coroner)

Address 1418 Franklin Date signed 10/20/42

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.