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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed OCT 28 1942

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31729

Registrar's No. 8573

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St Louis 926
(If outside city or town limits, write "RURAL")

(d) Street No. 3254 A 19 Th Str
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Fabian Belzmann

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Elisabeth Belzmann

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. (Month) 17 (Day) Th1866 (Year)

8. AGE: Years	Months	Days	If less than one day
76 ------	8 --	27 --	hr. min.

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

10. Usual occupation Metal Worker Retired

11. Industry or business _____

FATHER
12. Name Not Knowen
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Ausria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Joseph Belzmann
(b) Address 3254 N 19th Th Str 1942

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 17th (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edmund Kock
(b) Address 3516 N 44th St

19. (a) OCT 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14, year 1942 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from September 29, 1942 to October 14, 1942; that I last saw him alive on October 14, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pyelonephritis with Uremia	
Due to: Chronic Prostatic hypertrophy	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Refused	

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 _____ (M. D. or other)

Address 1515 Lafayette Ave. Date signed 10/15/42

(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 Harry J Schermacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay ferry rd

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.