

FILED APR 9 1943 818

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1035 Childress Ave.,  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Ollie Evans Bellairs  
3. (b) If veteran, name war  
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1943 hour 11 minute 58 a.m.  
21. I hereby certify that I attended the deceased from October 1942 to Mar. 28, 1943  
that I last saw her alive on Mar. 28, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife: Kenneth G. Bellairs  
6. (c) Age of husband or wife if alive Dec'd years  
7. Birth date of deceased: December 22, 1870

Immediate cause of death: Carcinoma of urethra  
Duration

8. AGE: Years 72 Months 3 Days 6  
If less than one day hr. min.

Due to  
Due to  
Other conditions Metastases  
Major findings: as above - Path. report  
Of autopsy

9. Birthplace: Cuba, Mo.  
10. Usual occupation: at home  
11. Industry or business: housewife  
12. Name: Zion Evans  
13. Birthplace: U.S.A.  
14. Maiden name: Mary Vance  
15. Birthplace: U.S.A.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. D. A. Gowan  
(b) Address: 1035 Childress Ave., St. Louis, Mo.  
17. (a) Burial (b) Date thereof: Mar 31 '43  
(c) Place: burial or cremation: Memorial Park  
18. (a) Signature of funeral director: Clayton Road at Concordia Lane  
(b) Address: Clayton Road at Concordia Lane  
19. (a) MAR 31 1943 (Date received local registrar)  
J. F. Brudeck (Registrar's signature)

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?  
(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: W. J. Gallagher (M. D. or other)  
Address: 51634 N. Grand Date signed: 3-28-43

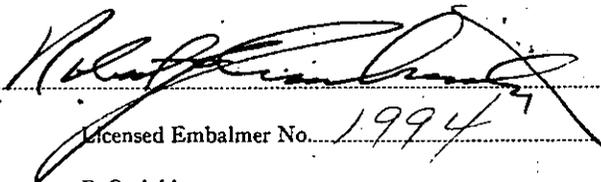
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



.....  
Licensed Embalmer No. 1994

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.**