

Registration District No. 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(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:  
Enroute to City Hospital #1.  
(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 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3953a North 11th Street. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oscar Belk

3. (b) If veteran, name war None 3. (c) Social Security No. 493-07-3545

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

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

7. Birth date of deceased May 14 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 3 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation Factory Laborer

11. Industry or business St. Louis Ordinance Plant

MOTHER FATHER { 12. Name James Belk  
13. Birthplace Iberia Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Shackelford  
15. Birthplace Iberia Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant David Belk  
(b) Address DeSoto, Missouri

17. (a) Burial (b) Date thereof 9/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn, Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) SEP 11 1943 (b) J. P. Needel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1943 hour 7 minute 15 P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, due to hanging, when he was found with the end of his leather belt around his neck and the other end tied to a pipe in bath room of his home Sept 13<sup>th</sup> 1943  
Other cause About 7:15 pm  
(Include pregnancy within 3 months of death)

Major findings: Of operations 164 Of autopsy \_\_\_\_\_  
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) suicide  
(b) Date of occurrence Sept 13 1943  
(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? no (Specify type of place) (e) Means of injury hanging

23. Signature Walter G. Perry (M. D. or other) \_\_\_\_\_  
Address at home Date signed 9/14/43

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..... *J. Allen Davis Jr.*  
Licensed Embalmer No..... *4053*  
P. O. Address..... *City*

**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.**