S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 63

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 923

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: 4330 Connecticut St. /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/6
(If outside city or town limits, write "RURAL")

(d) Street No. 4330 Connecticut St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Bellerson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore Bellerson

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

7. Birth date of deceased Sept. 16, 1861.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	11	hr. min.

9. Birthplace Quincy, Illinois. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Harmon Eickmeyer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Bellerson
(b) Address 4330 Connecticut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944.
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery.

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th, year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 9, 1944, to Jan. 27, 1944, that I last saw her alive on Jan. 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arrow Myocarditis with Decompensation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 6 years

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 [signature] (M. D. or other) MD

Address 3606 Thames Ave Date signed 1/28/44

(Licensed Embalmer's Statement on Reverse Side)

3000 [illegible]
2-4 Am. Ri 2959.

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 John A. Milnar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.