

FILED MAR 26 1945

Registration District No. **377**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County **St. Louis County**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **median**
(Specify) whether
In this community **6.5 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Venta Park 41**
(If outside city or town limits, write "RURAL") **1 P**
(d) Street No. **8315 Buchanan**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Year No.)
If yes, name country **1**

3. (a) PRINT FULL NAME

Antone Belka

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **Clara Schiller** 6. (c) Age of husband or wife if alive **2** years
7. Birth date of deceased **1866**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **11** If less than one day hr. min.

9. Birthplace **Germany** (City, town, or county) **U** (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **Antone Belka G**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Flora Appel (Daughter)**

(b) Address **9718 Oak St. Rd**

17. (a) **burial** (b) Date thereof **3-16-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ex. St. Pauls Cemetery**

18. (a) Signature of funeral director **Baron Ann Bros. Inc.**

(b) Address **2504 Woodson Rd. Overland, Mo.**

19. (a) **MAR 19 1945** (b) **E. G. Jones**
(Date received local funeral) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **13**
year **1945** hour **3** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **Mar 12**, 1945, to **Mar 13**, 1945,
that I last saw him alive on **Mar 10**, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **2 days**

Due to **Arteriosclerosis** many years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Brain**
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)
(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 **Fred E. Lawrence** (M. D. or other) **M.D.**
Address **601 Buntwood** Date signed **3/12/45**

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..... *Oscar J. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland Mo*

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.