S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10997

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3887

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8624 Drury Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert E. Belton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Amy Wencker Belton

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 6, 1867. (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired-X-Ray Technichian

11. Industry or business

FATHER
12. Name Edwin Belton
13. Birthplace (City, town, or county) England (State or foreign country)

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

16. (a) Informant Mrs. Amy Belton
(b) Address 8624 Drury Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 7 1945 (Date received local registrar) (b) J. J. Bulleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1945 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from April 27, 1945 to April 28 1945 that I last saw him alive on Saturday, April 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocardial Failure	One day
Due to General Arteriosclerotic Hypertensive Cardiovascular Renal Disease.	Five yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: None Of operations	
Of autopsy Findings same.	

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 plc, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Edwin J. Schisler M.D., F.A.C.S. (M.D., or other) Date signed 4/30/45
Address 945 Missouri Bldg.

(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 John A. Inlman

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 with the above constitutes grounds for revocation of license.)

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