

FILED MAY 26 1945

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

4391

Registration District No. Primary Registration District No.

Registrar's No.

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:
Washington Blvd. 50' East of Union
Provisional at City Hosp #13
(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
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1708a N. 14th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas John Bellew

3. (b) If veteran, name war. No. (c) Social Security No. 194-10-2407

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
7. Birth date of deceased July 28, 1888
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
56 9 18 hr. min. 0

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur - automobile

11. Industry or business Funeral cars

12. Name John Bellew

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

14. Maiden name Nellie Stretch,

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

16. (a) Informant Nellie Bellew

(b) Address 1708a N. 14th St.,

17. (a) Burial (b) Date thereof 5/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAY 18 1945 (b) J. F. Bredeek
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from April 1,
1945, to May 16, 1945;
that I last saw h. im. alive on May 14, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis
Due to Coronary artery disease ?

Due to Arteriosclerosis ?

Other conditions. PH
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy No. autopsy

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 C. C. Diacek (M. D. of 1945)
Address 426 N. Woodlawn Ave. Date signed 5/17/45

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

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

20
17
9

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.