V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34537

Registration District No. 37 Primary Registration District No. 6076 Registrar's No. 2535

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9216 Tudor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. L. 91
(c) City or town Overland, 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9216 Tudor /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leona Beldo
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Beldo
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 27 1894 (Month) (Day) (Year)
8. AGE: Years 51 Months 9 Days 4 If less than one day hr. min.
9. Birthplace Crawford County Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business "
FATHER
12. Name Wm. T. Barnicle
13. Birthplace Crawford County Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda L. Ball.
15. Birthplace Crawford County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Andrew H. Barnicle
(b) Address Fairbrothers Pl. E. St. L.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504 Woodson Rd. Overland, Mo
19. (a) 11-5-45 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1-1945 year hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 22, 1945, to Nov 1 1945, that I last saw her alive on Oct. 31 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer -	
of lung -	1 Mo.
Due to Cancer of uterus - about one year ago.	
Due to 48 h	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy None -

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) No
(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 Roy A. Halstead (M. D. or other)
Address Overland Mo. Date signed 11-2-45

(Licensed Embalmer's Statement on Reverse Side)

709

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 Harold K. Beaver

Licensed Embalmer No. 4397

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.