

No. 2
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5-17-39
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#47011
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

80
State File No.
Registrar's No. 193

FILED 1946
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max U. Starkloff Memorial
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ...
(c) City or town St. Louis
(d) Street No. 1715 S. 10th St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME CARL BELMAR
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 28 1945

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4th
year 1946 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from 1/2/46
to 1/4/46
that I last saw him alive on 1/4/46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 6 hr. min.
9. Birthplace St. Louis Missouri

Immediate cause of death Influenza Meningitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Dee Belmar
13. Birthplace Flat River Missouri
14. Maiden name Virgie Pippin
15. Birthplace Jewett Missouri
16. (a) Informant Dee Belmar
(b) Address 1715 S. 10th St.
17. (a) Burial (b) Date thereof 1-6-46
(c) Place: burial or cremation Brunot, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 7 1946 (b) J. F. Bredesch

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations
Of 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 M. J. Carson 1515 Lafayette 1/5/46
Address Date signed

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

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 Henry M. Branner

Licensed Embalmer No. 4200

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.