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

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7235

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1235

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: CITY HOSPITAL (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2729 CAROLINE ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES BELLINI SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ROSE BELLINI

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MARCH 17 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation LOCKSMITH

11. Industry or business OWN

FATHER 12. Name unk BELLINI

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

MOTHER 14. Maiden name UNK

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

16. (a) Informant Mr James Bellini Jr.

(b) Address 2729 Caroline

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 6-46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) FEB 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1946 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Apoplexy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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 (M.D. or other)

Address Date signed 2/2/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

61185

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 Jos. B. Vollmer

Licensed Embalmer No. 4014

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.