

FILED JAN 3 1947
Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **PINE LAWN**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2424 KIENLEN AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 YEARS**
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**

(c) City or town **PINE LAWN**
(If outside city or town limits, write "RURAL")

(d) Street No. **2424 KIENLEN AVE**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RAYMOND C. BELFORD SR**

3. (b) If veteran, name war **WORLD WAR I**

3. (c) Social Security No. _____

4. Sex **M** **5. Color or race** **W**

6. (a) Single, widowed, married? **MARRIED**
(Divorced)

6. (b) Name of husband or wife **KATHERINE BELFORD**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **AUG-29-1893**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	11	hr. min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **POSTAL CLERK**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10**
year **1946** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **Death without medical attendance** to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration

Due to **9400**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **No autopsy**

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? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature **Ruth S Allen M.D.** (M. D. or other) _____

Address **601 Brentwood Blvd.** Date signed **12/12/46**

MOTHER FATHER

11. Industry or business _____

12. Name **THOMAS BELFORD**

13. Birthplace **SCOTLAND 4**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE KENDALL**

15. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katherine Belford**

(b) Address **2424 Kienlen Ave**

17. (a) BURIAL (b) Date thereof **12-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **J. B. Tanner**

(b) Address **6107 74th Ave**

19. (a) 12-12-46 (b) **Ruth S Allen MD**
(Date received local registrar) (Registrar's signature)

JAN 22 1947

DEC 9 0 1952

JAN 27 1947

JAN 9 1947

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 *Jay W. Wilkerson*
Licensed Embalmer No. *3575*

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.