No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947 #70809

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14848

Registration District No. 318

Primary Registration District No.

Registrar's No. 4420

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3239a North 19th St.
(If rural, give location)

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

If yes, name country

0-4-0
2617
9
0

3. (a) PRINT FULL NAME ELIZABETH BELZMAN

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fabian Belzman

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

7. Birth date of deceased May (Month) 4th (Day) 1867 (Year)

8. AGE: Years 79 | Months 11 | Days 26 | If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Clement Fixel
13. Birthplace Austria
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. Stuart
(b) Address 3239a North 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14th St.

19. (a) MAY 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1947 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 4/29/47, 19..., to April 30th 19 47 that I last saw her alive on April 30th 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 W. W. F. Bequeard (M. D.) 5/1/47

Address 1315 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald C. Yohnke

Licensed Embalmer No. 3997

P. O. Address St. Louis

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.