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National Office of Vital Statistics  
FILED MAR 22 1948  
Registration District No. 367

State File No. 2  
Registrar's No. 635

Primary Registration District No. 6576

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kinlock  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 33 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Kinlock 00  
(If outside city or town limits, write "RURAL")  
(d) Street No. 33 Jackson St. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Julia Belue

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fem. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased April 2nd 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work  
At Home

11. Industry or business

12. Name Joseph Mitchell

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Thornton

15. Birthplace Unk. Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Beatrice Heller  
(b) Address 330 Jackson Ave

17. (a) Burial, cremation, or removal Burial (b) Date thereof 3-8-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director C. J. Nash  
(b) Address 3847 Page Blvd

19. (a) 3-8-48 (Date received local registrar) (b) Carl J. Stapp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 3rd. 48  
year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11/17/47, 19... to MAR 3, 1948, 19...  
that I last saw her alive on March 1, 1948, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast 5 yrs.

Due to 50

Other conditions Arteriosclerosis 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: generalized  
Of operations none

Of autopsy none

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. N. Johnson (M. D., coroner) 3/5/48  
Address 40 N. Florissant Rd. Date signed 3/5/48  
Perguson, Co.

MOTHER FATHER

**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.....

*C. J. Nosh*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Bv*

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.