FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24100
Registrar's No. 6835

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: 2539 Maiden Lane (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2539 Maiden Lane (If rural, give location) 1
20
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George Bellerson Sr
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Emma Bellerson
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October 7, 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 24 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation retired huckster
11. Industry or business
FATHER
12. Name Edward Bellerson
13. Birthplace not known (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Catherine Beermann
15. Birthplace not known (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant George Bellerson
(b) Address Fenton Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) AUG 4 - 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31 year 1948 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from July 10, 1948, to July 31, 1948 that I last saw him alive on July 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Due to Senility
Arteriosclerosis
Due to
Other conditions Hypertrophied Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature A M Krall (M. D. or other)
Address 2416 N Sarah Date signed 8/2/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

mil

6835

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 Frank I Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.