

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13588

State File No. 3164
Registrar's No.

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>				c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4162 Oleatha</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>E</u>		c. (Last) <u>Bellm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 7, 1878</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Bellm</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Bellm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Bellm 4162 Oleatha</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombophlebitis - pelvic veins</u> ANTECEDENT CAUSES <u>Multiple pulmonary abscesses</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>no</u> DUE TO (b) _____ DUE TO (c) <u>Cause not known of abscesses</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral atrophy (degenerative)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>4 days</u> <u>6 mo. +</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>April 2, 1949</u> , to <u>April 6, 1949</u> , that I last saw the deceased alive on <u>April 6, 1949</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carrollbaum M.D.</u>				23b. ADDRESS <u>3701 Grand St. St Louis</u>			23c. DATE SIGNED <u>4-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Ziegenhein & Sons 7027 Gravois</u>				

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

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3164

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Frank J. Owens

Signed _____
Student Embalmer

Licensed Embalmer No. 7245

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.