

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9876
2143

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION: Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. STREET ADDRESS 713 South Broadway

3. NAME OF DECEASED
a. (First) John
b. (Middle) Ray
c. (Last) Belt
4. DATE OF DEATH March 5, 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH June 9, 1905
9. AGE (In years last birthday) 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Lola, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lonzo Belt
13b. MOTHER'S MAIDEN NAME Madie Dickinson
14. NAME OF HUSBAND OR WIFE Alberta Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. 489-18-5858
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Belt, 713 South Broadway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound comminuted fracture of skull, suffered when struck by tractor trailer truck at intersection of Broadway and Chestnut about 7:35 pm
DUE TO (b) March 5, 1951, truck operated by one Dawson Byrd, etc.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION Accident 000
20. AUTOPSY YES NO

21a. ACCIDENT (Specify) Accident
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 5 5:51 1951
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR E 112A

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]
23b. ADDRESS 1300 Clarissa
23c. DATE SIGNED 3/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 3-7-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Campbell, Missouri

DATE REC'D BY LOCAL REG. MAR 6 1951
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

3

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 MS

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkins

Licensed Embalmer No. 3-5-75

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.