

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14823
3380

FILED APR 20 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		<u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				11. STREET ADDRESS (If rural, give location) <u>724 N. Whittier Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Bilge</u> c. (Last) <u>Trimble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>15 December 1914</u>	
9. AGE (In years if under 1 year, Months, Days) <u>2 8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chesterfield Mo</u>	
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		13a. FATHER'S NAME <u>John Belger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>	
13c. NAME OF HUSBAND OR WIFE _____		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman Belger</u>				ADDRESS <u>1825 Goode Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>321X</u>			
22. I hereby certify that I attended the deceased from <u>3-22</u> , 19 <u>51</u> to <u>4-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>51</u> , and that death occurred at <u>6:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herman J. Smith</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N. Whittier St</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>4/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas & Hunt Rd Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 10 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u>		ADDRESS <u>4247 W. Labadie Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

12/1/24