S. No. 300
. 10.48

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24283

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5768

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo.
c. LENGTH OF STAY (In this place) 14 days
d. FULL NAME OF HOSPITAL ~~OR INSTITUTION~~ (If not in hospital or institution, give street address or location) Barnard Fr Skin and Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Madison.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fredericktown Mo.
d. STREET ADDRESS (If rural, give location) 609 W. Main St. 0621

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) J.
c. (Last) Belken

4. DATE OF DEATH (Month) (Day) (Year) June 24 1951

5. SEX M.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-31-1884.
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Maintenance.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Belken
13b. MOTHER'S MAIDEN NAME Elizabeth Renninger.
14. NAME OF ~~HUSBAND OR~~ WIFE Jennie C. Belken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Jennie C Belken, Fredericktown, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic to cervical nodes 1 yr.
DUE TO (c) from cancer upper lip —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Heart Disease

19a. DATE OF OPERATION 6-22-51
19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of cervical nodes (L.A.)
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 140 X

22. *I hereby certify that I attended the deceased from* June 11, 1951, *to* June 24, 1951, *that I last saw the deceased alive on* June 24, 1951, *and that death occurred at* 2:27 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Russell L Verdiner MD
23b. ADDRESS Barnard Skin & Cancer Inst
23c. DATE SIGNED 6-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-25-1951
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Fredericktown (State) Mo

DATE REC'D BY LOCAL REG. JUN 26 1951
REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. — ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5768

OCT 10 1951

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 Vearl Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis 10 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.