

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29618

State File No. ....

FILED SEP 8 - 1952

318

1003

8059

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS		b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 53 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 329 DRY STREET					
3. NAME OF DECEASED (Type or Print) BELVA		a. (First)		b. (Middle) INEZ			
		c. (Last) JACOBS		4. DATE OF DEATH (Month) (Day) (Year) 8 21 52			
5. SEX <del>Female</del> MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED			
		8. DATE OF BIRTH SEPT 28 1901		9. AGE (in years last birthday) Months Days 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) PLEASANT HILL, ILLINOIS			
				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOSHUA BELLIOFF		13b. MOTHER'S MAIDEN NAME EPTA BROWNING		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) NO		16. SOCIAL SECURITY NO. 344144465		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ann Browning, ILLINOIS.			
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) UREMIA URETERAL METASTASIS FROM CARCINOMA OF THE CERVIX DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS  1 YEAR	
19a. DATE OF OPERATION 7/31/52		19b. MAJOR FINDINGS OF OPERATION EXPLORATION UPPER GENITO*URINARY TRACT. NEPHROSTOMY, RIGHT				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X			
22. I hereby certify that I attended the deceased from 6/30, 1952, to 8/21, 1952, that I last saw the deceased alive on 8/21, 1952, and that death occurred at 10:52p m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley		(Degree or title) M. D.		23b. ADDRESS 600 S. KINGSHIGHWAY			
23c. DATE SIGNED 8/21/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-22-52			
		24c. NAME OF CEMETERY OR CREMATORY UPPER ALTON		24d. LOCATION (City, town, or county) (State) ALTON, ILLINOIS.			
DATE REC'D BY LOCAL REG. AUG 25 1952		REGISTRAR'S SIGNATURE C. E. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Staten Funeral Home, Alton, Ill.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2653

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.