MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-034029
STATE FILE NUMBER

FILED OCT 19 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9254

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 7 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3545 S. Jefferson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harold; Middle: Jerome; Last: Bellew
4. DATE OF DEATH: Month: October; Day: 4; Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-4-61
9. AGE (last birthday): Infant
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours: 7 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harold T. Bellew
13b. MOTHER'S MAIDEN NAME: Sandra Nell Howell
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.: No
17. INFORMANT: Harold T. Bellew Address: St.Louis,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): FETAL ATELECTASIS AND ANOXIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): PREMATURE DELIVERY
DUE TO (c): PREMATURE RUPTURE OF MEMBRANES
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 761.5
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from BIRTH (11:41 PM, to DEATH (8:15 PM) and last saw her/him alive on 10/4/61
Death occurred at 8:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Bruce Paul Meier, II, MD (Degree or title)
22b. ADDRESS: Firmin Desloge Hospital
22c. DATE SIGNED: 10/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10-5-61
23c. NAME OF CEMETERY OR CREMATORY: Simmons Cemetary
23d. LOCATION (City, town, or county) (State): Madison Co. Mo.
24. FUNERAL DIRECTOR: L.V. Adamson ADDRESS: Fredericktown, Mo
25. DATE RECD. BY LOCAL REG.: OCT 6 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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_____
Signature of Student Embalmer

Signed Frank Grolloff

Licensed Embalmer No. 4356

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.