

Public Welfare Service
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diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25935

FILED JUL 31 1957

STATE FILE NUMBER 6671

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> OR TOWN St. Louis, Mo.			c. CITY OR TOWN Granite City 812 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hosp			Length of stay in 1b D.O. A.		
3. NAME OF DECEASED (Type or print) First Pete Middle Allen Last Bellovich			4. DATE OF DEATH Month 7 Day 16 Year 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-8-12	9. AGE (In years last birthday) 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Pete Bellovich			14. MOTHER'S MAIDEN NAME Angeline Lansing		
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. none	17. INFORMANT Address Pete Bellovich R.R. # 2 Granite City		
18. CAUSE OF DEATH [Enter only one cause and line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Skull +					INTERNAL BETWEEN BULLET AND DEATH Brain.
Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. DUE TO (b) E919.0 DUE TO (c) 19					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AND NOT GIVEN A RANK bullet that ricocheted from side of head					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I and Part II of item 18) bullet that ricocheted from side of head				
20c. TIME OF INJURY Hour 1030 a. m. Month 7 Day 16 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Granite City Ill		COUNTY 812 STATE Ill	
21. I attended the deceased from _____ to _____ and last saw ^{per} him alive on _____					
22a. SIGNATURE (Name or title) James M Kelly Coronor ADDRESS 1300 Clark 22c. DATE SIGNED 7-17-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE JUL 17 '57	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Mt. Olive Illinois		
24. FUNERAL DIRECTOR ADDRESS John L. Sedlack Granite City, Ill.		25. DATE RECD. BY LOCAL REG. JUL 17 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

011, 2101, 90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John L Sedlak*
Licensed Embalmer No. *374*

P. O. Address *Madison*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.