WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4697

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 1388

City St. Louis. (No. 2715 Keokuk Street. St. ..... Ward)

2. FULL NAME Betty Rose Betz.

(a) Residence. No. 2715 Keokuk Street St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28.1927.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

PARENTS

10. NAME OF FATHER William Betz, Jr.,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

12. MAIDEN NAME OF MOTHER Rose E. Fischbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

14. INFORMANT William Betz Jr
(Address) 2715 Keokuk Street.

15. FILED 29 '29 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH 1/27

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1929, to Jan 27th, 1929 that I last saw h. ex alive on Jan 27, 1929, and that death occurred, on the date stated above, at 12.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 12.45 PM

Acute Bronchopneumonia
101A following Acute Bronchitis
107A (duration) ..... yrs. ..... mos. 1 ds.
8C
CONTRIBUTORY (SECONDARY) Convulsions
(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100 N

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H C K Tuppee, M. D

1/28, 1929 (Address) 3801 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Old St. Marcus Cemetery	Jan. 29 1929.

20. UNDERTAKER J H Gebhen L and N Co ADDRESS 2842 Meramec