

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

Do not use this space.

37361

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St. Louis Mo.** (No. **4460**) **Oakland Ave** St. .... Ward)

File No. ....  
 Registered No. **10381**

**2. FULL NAME**

**Bettie Brite**  
 (a) Residence. No. **4460 Oakland** St., **4** Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 18-1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**74.** **5** **13**

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

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

10. NAME OF FATHER **Henry G. Ortstadt**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
 12. MAIDEN NAME OF MOTHER **Unknown**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

14. INFORMANT **Jos. A. Reuk**  
 (Address) **4460 Oakland Ave**

15. FILED **NOV -2 1937** **Max C. Tolson** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 1 - 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Oct. 1**, 1930, to **Nov. 1**, 1930 that I last saw her alive on **Nov. 1**, 1930, and that death occurred, on the date stated above, at **2.45** **PM** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Arterio sclerosis -**  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY **Hypertension**  
 (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

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

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Hardening B.P. 220**

(Signed) **J. S. Shute**, M. D.  
**11-1-1930** (Address) **4348 Chouteau**

\*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 **Portland Mo** DATE OF BURIAL **Nov 3- 1930**

20. UNDERTAKER **Wm. C. Ambuster and Co** ADDRESS **4234 Manchester**

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.

