

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

Do not use this space.

27348

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1170  
 Township Richmond Hts. Primary Registration District No. 6248H  
 City Richmond Hts. (No. St. Marys Hosp.) St. Maplewood Mo. Ward Maplewood Mo.  
 2. FULL NAME Anna M. Betz  
 (a) Residence, No. 7415 Elm ave St. Maplewood Ward Maplewood Mo.  
 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 20, 1862</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>	DAYS <u>3</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>225</u>			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomington Ill.</u>				
MOTHER	13. NAME <u>Unknown Wagner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Ben D. Lee</u> (ADDRESS) <u>7415 Elm ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>8-26-32</u>				
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. King Highway</u>				
20. FILED <u>8/24, 1932</u> <u>L. B. Jensen</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1932

22. I HEREBY CERTIFY That I attended deceased from July 19, 1932 to Aug. 23, 1932  
 I last saw her alive on 8-13-32, 1932. Death is said to have occurred on the date stated above, at 1:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial failure Date of onset 50  
Cancer left breast 248  
Cirrhosis liver 92  
Senility 10

Other contributory causes of importance:  
none

Name of operation none Date of none  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. G. M. Lee M. D.  
 (Address) 671 E. Big Bend Rd.

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.

SEP 27 1932

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Rigby