

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

Do not use this space.

37742

**1. PLACE OF DEATH**

County Louis  
Township Meramec  
City St. Louis (No. 126)

Registration District No. 785-781  
Primary Registration District No. 6032

File No. \_\_\_\_\_  
Registered No. 247  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louise Bettick  
(a) Residence, No. Laurel, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. A. Bettick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 - 1875</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>5</u>	<u>16</u>	
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>Own home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Nov - 12 - 1933</u>			
	11. Total time (years) spent in this occupation <u>25</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>High Ridge, Mo.</u>				
FATHER	13. NAME <u>Henry Branninick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Mucilla Langworth</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	17. INFORMANT <u>Emerson Bettick</u> (ADDRESS) <u>Laurel, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pacific - Mo.</u> DATE <u>11 - 11 - 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Shrader Funeral Home</u> <u>Ballwin, Mo.</u>				
20. FILED <u>1/20</u> , 19 <u>33</u> <u>F. E. Barnett</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 18 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Nov 18, 1933

I last saw her alive on Nov 8, 1933 Death is said

to have occurred on the date stated above, at 8 - P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Chronic Bronchitis  
Chronic Myocarditis  
Date of onset 11/18  
1930  
1932

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? phys. 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 \_\_\_\_\_, 1933

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) Walter Kelly M. D.  
(Address) Officer - Mo.

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.

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