

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

Do not use this space.

41554

PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **4469**, **Levee av**)

File No.....

Registered No. **10573**

St. Ward)

2. FULL NAME **Anna Betz**

(a) Residence, No. **4469 Levee av** St. **15** Ward.

Length of residence in city or town where death occurred **47** yrs. **7** mos. **5** 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5 - 86.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) **St. Louis Mo**

13. NAME **Matt. Pletka**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

15. MAIDEN NAME **Mary Barta**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**

17. INFORMANT (ADDRESS) **George Betz 4469 Levee av**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Cates & Paul** DATE **Dec 11 1933**

19. UNDERTAKER (ADDRESS) **Am. B. Moyer 1926 Allen av**

20. FILED **DEC 11 1933** **J. Brebeck** Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 8 1933**

22. I HEREBY CERTIFY, That I attended deceased from **September 26 1933**, to **December 7 1933**

I last saw her alive on **December 7 1933**. Death is said to have occurred on the date stated above, at **1 1/2** p. m.

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

Carcinoma of Lung Date of onset **5 months**

50
413

Other contributory causes of importance: **mammary carcinoma 1 yr.**

Name of operation **none** Date of

What test confirmed diagnosis? **Kalender** 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) **J. Lewis Hudson**, M. D.

(Address) **3400 California Ave.**

PHYSICIANS should OCCUPATION is very impor

6 1934

statement of OCCUPATION is very important
PHYSICIANS should EXACTLY

STATEMENT OF OCCUPATION

LS51H-S