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

Do not use this space.

32834

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Missouri (No. City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 8714

2. FULL NAME Mr. William Betz

(a) Residence, No. 7825 Pennsylvania Avenue St., ... 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1878

7. AGE: Years 58 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Concrete Worker

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

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, Missouri

FATHER

13. NAME: William Betz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germay

MOTHER

15. MAIDEN NAME: Mary Oberscham

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

17. INFORMANT: Mrs. C. Chrismes
(ADDRESS) 7825 Pennsylvania Avenue

18. BURIAL, CREMATION, OR REMOVAL: Cem.
PLACE St. Trinity Luth DATE August 24, 1936

19. UNDERTAKER: C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED AUG 22 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:15 A.M.

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

	Date of onset
Infection of Bladder with Cystitis, Colon Fecum in Right Lower Lobe Lobular Pneumonia, Haemorrhage of Brain, received	

Other contributory causes of importance:

When an auto in which the deceased was a passenger struck a concrete safety zone pylon in St. Louis Mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 8/15, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto struck safety zone pylon

Nature of injury: Lobular Haemorrhage

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible], M.D.

(Address) [illegible]