

DEC 12 1938

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

37191  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **1403 Granville Ave** Registered No. **9518**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **326 William Betz**

(a) Residence, No. **1403 Granville Ave** St. **6** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Regina Betz**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 13, 1870**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**68 7 18**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**  
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) **Ohio**

FATHER 13. NAME **Don't Know**

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

MOTHER 15. MAIDEN NAME **Don't Know**

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

17. INFORMANT (ADDRESS) **Mrs. Hazel Haskenhoff 1403 Granville Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Laurel Hill Cem. Nov. 2, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Jos. W. Clark 1125 Hodiamont Ave.**

20. FILED **NOV 1 1938 J. H. Bredeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 31, 1938**  
22. I HEREBY CERTIFY, That I attended deceased from **April 9, 1938, to Oct 31, 1938**  
I last saw him alive on **Oct 30, 1938** Death is said to have occurred on the date stated above, at **1:50 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**  
**Chronic Prostatitis**  
Date of onset **1936**

Name of operation **Prostate Resection** Date of **April 1938**  
What test confirmed diagnosis? **Chemical** 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? **ND**  
If so specify .....  
(Signed) **H. W. Taylor** M. D.  
(Address) **408 No. Taylor**

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.

462 N. Spring Street  
10-2 P.M.

**STATEMENT BY LICENSED EMBALMER**

I, Jos. W. Clark....., Licensed Embalmer No. 1661

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. 1661

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**