

791
SEP 25 1940

1003
Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME John C Betten 250

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Winter Betten 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb 13 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 13 If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Upholsterer

11. Industry or business

MOTHER FATHER { 12. Name Gerd Betten

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Dreese

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Betten

(b) Address 4226 North 21st St

17. (a) Burial (b) Date thereof Aug 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) AUG 17 1940 (b) Jet Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 North 21st St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1940 hour 12:25 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Occlusion
Due to Coronary Occlusion
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 946
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 944

(Specify type of shock) _____
(e) _____ (Specify type of shock)
23. Signature Alfred Werry (M. D. or other) _____
Address St. Louis Date signed 8/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3757

P. O. Address 1956 St. Louis

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.)

If this body is not embalmed, above space should be left blank.