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4-41  
7-39  
X26390

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **562 Eiler**

(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

In this community **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **Saint Louis** **115**  
(If outside city or town limits, write "RURAL")

(d) Street No. **562 Eiler Street** **9**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country

3. (a) PRINT FULL NAME **Siegfried Betker**

3. (b) If veteran, name war

3. (c) Social Security No. **492-09-8011**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Betker**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **February 25, 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**66** **3** **19** hr. min.

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

10. Usual occupation **Molder**

11. Industry or business **Foundry**

MOTHER FATHER { 12. Name **John Betker**

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

14. Maiden name **Veronica Mitulaka**

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

16. (a) Informant **Martha Betker (wife)**

(b) Address **562 Eiler**

17. (a) **Burial** (b) Date thereof **6/17/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **St. Louis Funeral Home**

(b) Address **2205 S. 6. Louis Ave.**

19. (a) **15 1941** (b) **J. F. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13** year **1941** hour **1** minute **30** M.

21. I hereby certify that I attended the deceased from **May 25** 1941 to **June 13** 1941

that I last saw him alive on **June 8** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Hypertrophy Myocarditis**

Due to **Chronic Interstitial Nephritis 3 yrs.**

Due to **131**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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?

(Specify type of place) (e) Means of injury **0**

23. Signature **W. O. Holden** M.D. or other **W. O. Holden**

Address **4532 e Virginia** Date signed **6-14-41**

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

JUL 7 1941

Holdenreid

R 6181 Room 341

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.....

*Albert G. Hoyer*

Licensed Embalmer No.....

*2971*

P. O. Address.....

**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, fact should be so stated above.**