

4137
S. No. 2
4-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **4089**
Registrar's No. **1849**

FILED MAR 17 1942 791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
years, months or days) 6yrs.
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1406 North Ninth St. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4,
year 1942 hour 2:55 minute _____ P. M.
21. I hereby certify that I attended the deceased from January
28, 1942 to February 4, 1942;
that I last saw him alive on February 4, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Rheumatic Heart Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Delbert Melvin Bethel
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased November 26, 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Bill Distributor

11. Industry or business Unknown

MOTHER FATHER { 12. Name Lou Bethel

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

14. Maiden name Lona McKain

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

16. (a) Informant _____

(b) Address St. Louis City Hospital #1

17. (a) Automuscular Road (b) Date thereof 2-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. J. [Signature]
(b) Address 2500 [Address]

19. (a) FEB 27 1942 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature [Signature] (Specify type of place) _____ (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 2/4/42

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

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.