

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31740**  
**8873**

Registration District No. **318**

Primary Registration District No. **100E**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 15 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00.1  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 25 9  
(d) Street No. 1441 N. 10th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Riley B etts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rosie 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Sept 17 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER } 12. Name John Bitts  
FATHER } 13. Birthplace Miss-1  
(City, town, or county) (State or foreign country)  
14. Maiden name Johanna  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (x) Informant Rosie Betty

(b) Address 516 Jalcath ave

17. (a) Burial (b) Date thereof 10-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dixon

18. (a) Signature of funeral director J.P. Richardson

(b) Address 2625 Blagden

19. (a) 26 10/10 (b) J.P. Richardson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 23,  
year 1942 hour 5 minute 28 P.M.

21. I hereby certify that I attended the deceased from October 18,  
19 42 to October 23, 19 42  
that I last saw him alive on October 23, 19 42; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate with Metastasis Unknown

Due to \_\_\_\_\_  
Due to 57  
Other conditions (include pregnancy within 3 months of death) 51

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S.E. Smith (M. D. or other)  
Address 2601 W. Hubbard Date signed 10/26/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2125 Glasgow*

**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.**