S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15863

Registration District No. FILED JUN 4 1943 318

Primary Registration District No. 1003

Registrar's No. 4765

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-16-43-5-22-43 (Specify whether
In this community Fifty Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis Mo.~~ NRO
(If outside city or town limits, write "RURAL")

(d) Street No. 7338 Bruno,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Eleanor Betz,

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 19 (Month) 3 (Day) 1893 (Year)

8. AGE: Years ~~50~~ 49 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John B. Betz,
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margueit Wolf
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Henrietta Buchanan
(b) Address Isolation Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Naggett Ave

19. (a) MAY 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 22
year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 5-16-43
1943, to 5-22, 1943;
that I last saw her alive on 5-22- 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic nephritis - Etiology?	2 days?
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Small ulcers in stomach
Bleeding into intestines -

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)
(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)
While at work? (e) Means of injury

23. Signature David Golding (M. D. or other)
Address St. Louis Isolation Hosp Date signed 5-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.