

FILED JUL 17 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 6186

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2323 Olive Street 1  
(If not in hospital or institution, write street number or location)

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

In this community 17 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bettie Irons

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race 3 cae

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 20th 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unk Tenn 1  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

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

MOTHER FATHER { 12. Name Wash Barnes

13. Birthplace unk Tenn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Phyllis Clark

15. Birthplace unk Tenn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Withers

(b) Address 2323 Olive Street

17. (a) Removal Removal (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tamm Ill

18. (a) Signature of funeral director J. H. Bredbeck & Son

(b) Address 3133 Bellevue

19. (a) JUL 7 1943 (b) J. H. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2323 Olive  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 24  
1943 to July 2, 1943  
that I last saw her alive on July 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to arteriosclerosis

Due to senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 8 days

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 J. H. Bredbeck (M. D. or other) \_\_\_\_\_  
Address 301 S. Jefferson Date signed 7/7/43

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

844

**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..... *S. J. Shaton*.....  
Licensed Embalmer No. *2698*.....  
P. O. Address..... *2769 Chouteau*.....

**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.**