S. No. 2
M—9-4-41
5-11-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29724

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8651

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: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County .....

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

(d) Street No. 3443 Evans
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Ira Boston Betts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Pearly Betts

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb (Month) 13 (Day) 1840 (Year)

8. AGE: Years 53 Months 7 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter

11. Industry or business Painter

MOTHER FATHER

12. Name Boston Betts

13. Birthplace Filton Miss (City, town, or county) / (State or foreign country)

14. Maiden name Mattie Betts

15. Birthplace Filton Miss (City, town, or county) / (State or foreign country)

16. (a) Informant Ethel Butler

(b) Address 3443 Evans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 30 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director Boyd Bros Funeral

(b) Address 3704 Finney Ave.

19. (a) SEP 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Cerebral apoplexy

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.

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? ..... Nature and means of injury .....

23. Signature Alfred Shaw (M. D. or other)

Address 1020 Locust Date signed 9/27/43

(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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.