S. No. 2
—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. 29126

FILED OCT 6 1948

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8256

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:
1023a Lafayette Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 1023a Lafayette Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Agnes Betz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Betz 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 27 (Day) 1853 (Year)

8. AGE: Years 90 Months 10 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Henry Tepe
13. Birthplace ..... (City, town, or county) Luxembourg (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kroger
15. Birthplace ..... (City, town, or county) Luxembourg (State or foreign country)

16. (a) Informant Caroline Betz
(b) Address 1023a Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter&Paul

18. (a) Signature of funeral director Wm. C. Moydell
(b) Address 1926 Allen Ave.

19. (a) SEP 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26 year 44 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-1-44, 19.., to 9-26-, 1944 that I last saw her alive on 9-25-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 L. F. Kinney (M. D. or other)

Address 900 Russell Date signed 9-26-44

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed F. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.