

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **9359**

Registration District No. Primary Registration District No.

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:
Good Samaritan Home, 4500 Washington Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ?
(Specify whether
 In this community 0
years, months or days)

3. (a) PRINT FULL NAME Armand Bettex
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 29, 1864.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Wuerttemberg, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER

12. Name Friedrich Bettex
 13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
 14. Maiden name Sophie Paulus
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J. H. Overbeek
 (b) Address 4500 Washington Blvd.

17. (a) Burial (b) Date thereof Nov. 4, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Galvin F. Feutz Funeral Home
 (b) Address 4828 Natural Bridge Blvd.

19. (a) **NOV 3 1944** (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 12th 17th 9th
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4500 Washington Blvd.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd,
 year 1944 hour 10:30 minute AM M.

21. I hereby certify that I attended the deceased from Sept 1 1944 to Nov 2 1944
 that I last saw h..... alive on Oct 28 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to.....
 Due to..... 920

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

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

Duration.....
 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)

23. Signature J. F. Bergman (M. D. or other) M.D.
 Address 3720 Washington Date signed 11/3/44

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

3720 Washington Blvd
JAN 8 9 a.m. 2:30 PM

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 John A. Malar
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo.

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.