

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15329

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3981

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:  
1920 Cole Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mad  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1920 Cole St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bettie Williams  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-26-1499  
4. Sex Female 5. Color or race Col  
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 June 9 1892  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 28  
year 1946 hour 11:40 minute 30 a.m.  
21. I hereby certify that I attended the deceased from 3-8-1946  
to 4-24-1946  
that I last saw him alive on 4-24-1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death myocarditis Duration 1 hr

8. AGE: Years Months Days If less than one day  
53 10 19 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Lauderdale MISS  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Peter Adams  
13. Birthplace Lauderdale MISS  
(City, town, or county) (State or foreign country)  
14. Maiden name Bettie  
15. Birthplace Lauderdale MISS  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: NO  
(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 \_\_\_\_\_

16. (a) Informant Mrs. Whitely  
(b) Address 1920 Cole Street  
17. (a) Burial (b) Date thereof 5-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director J. H. Randall - Son  
(b) Address 3133 MAY Beegans Ave  
19. (a) MAY 1 1946 (b) J. F. Brudick  
(Date of local registration) (Registrar's signature)

23. Signature J. T. Edmunds (M. D. or other)  
Address 1956 1/2 Franklin Date signed 4-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

*J. J. Watson*

.....  
Licensed Embalmer No. *2698*.....

P. O. Address *2769 Chouteau 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.**