

No. 2  
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-17-39  
X47370

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28838  
Registrar's No. 7679

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County ST. Louis Mo  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution or St. John's Hospital  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County ooo  
(c) City or town ST. Louis Mo 17  
(d) Street No. 4876 Park Ave 9  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Rose Ellen Betterton  
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 15 year 1947 hour 10 minute 00 AM  
21. I hereby certify that I attended the deceased from

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife LEWIS  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased May 1 1887 (Month) (Day) (Year)

that I last saw him alive on 19 to 19 and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Myocarditis  
Atherosclerosis of the coronary arteries  
Prostate hypertrophy  
Dyslipidemia  
Cholelithiasis  
at St. John's Hospital on

8. AGE: Years 60 Months 3 Days 11 If less than one day hr. min.

Due to Aug 12, 1947 at about 10 AM  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 195  
Of operations  
Of autopsy 40

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

12. Name Frank E. Jackman  
13. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation House wife

14. Maiden name Delesh Vincent  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

11. Industry or business self

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?

12. Name Frank E. Jackman  
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Delesh Vincent  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Betterton (b) Address 4876 Park Ave

While at work? (Specify type of place) (c) Means of injury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

23. Signature (M. D. or other) 3  
Address Date signed 8/13/47

18. (a) Signature of funeral director Provoost and Co (b) Address 3710 N. Grand Blvd

19. (a) AUG 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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

MOTHER FATHER

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

**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.....

*Deane Mans*

Licensed Embalmer No. 3360

P. O. Address. 3710 N. Grand P

**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.**