

FILED AUG 10 1948

Registration District No. 370Primary Registration District No. 3-0-5-8. 6051 Registrar's No. 150

1. PLACE OF DEATH:

(a) County St Charles
 (b) City or town Rural Rt
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Highway 94 at West Alton Mo 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 000 (Specify whether
 In this community 0000
 years, months or days)

3. (a) PRINT FULL NAME Josephine Betts

3. (b) If veteran, name war 000000 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Betts 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 27 1920
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 9 1 hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Telephone Operator11. Industry or business Bell Telephone Co

MOTHER FATHER { 12. Name Frank Giunta
 13. Birthplace ITALY
 (City, town, or county) (State or foreign country)
 14. Maiden name Angelena Garlande
 15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant Angelena Giunta
 (b) Address Spanish Lake St Louis Co Mo.
 17. (a) Burial (b) Date thereof July 31 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation riedens Cemetery St Louis

18. (a) Signature of funeral director William R. Rouse
St Charles Mo
 (b) Address

19. (a) Aug 2 1948 (b) Trania Hamilton
 (Date received local registrar) (Registrar's signature) 784

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles Louis 96
 (c) City or town Spanish Lake 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I ~~examined the body~~ held and inquest on July 29, 1948, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound Duration _____

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy None 1106
 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) Homicide 92
 (b) Date of occurrence July 28, 1948
 (c) Where did injury occur? Highway 94 St. Charles, Co Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway 94.

While at work? no (Specify type of place) somehat 13
 (e) Means of injury gunshot

23. Signature Mary Murray (M.D. or other) Rouse
 Address 1012 1/2 N. 1st St. St. Louis, Mo. Date signed 7-28-48

Date Filed AUG 9 1948
District File Number

District Health Officer No. 9,
RECEIVED

NOV 5 1948

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.....

Frederic H. Bane

Registered Apprentice No. 510

working under my personal supervision.

Signed..... Arthur C. Bane

Licensed Embalmer No. 314-V

P. O. Address..... St. Charles, 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.