

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24596

FILED JUL 30 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6403

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 N. Ewing Ave</u>		d. STREET ADDRESS (If rural, give location) <u>N. R. 800 Jackson</u>	
3. NAME OF DECEASED (Type or Print) <u>EDWARD BETTS</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1949</u>
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 6, 1916</u>
9. AGE (In years last birthday) <u>32YRS</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Upholstering School</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Ark. /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Turner Betts</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Peller</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>431-09-0800</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Gilbert 305a N. Leffingwell</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incurable Hemorrhage</u> Contributory: <u>Gunshot wound</u> DUE TO (b) <u>right side of face entering skull inflicted at the back</u> DUE TO (c) <u>of one Virginia Thompson (col)</u> II. OTHER SIGNIFICANT CONDITIONS <u>she the before 109 N Ewing Ave around 240 pm July 20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1949 Justifiable Homicide</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SOURCE <u>gunshot</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo. / Ill.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 20 49 240 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>983X</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>240 P.</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Walter Perry Deputy Coroner 3</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>7/22/49</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	22b. DATE <u>July 23, 1949</u>	22c. NAME OF CEMETERY OR CREMATORY <u>New Augusta</u>	22d. LOCATION (City, town, or county) (State) <u>Ark.</u>
DATE REC'D BY LOCAL REG. <u>JUL 23 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasata</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Marshall</u>	ADDRESS <u>E. St. Louis, Ill.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Thomas M. Halson

Licensed Embalmer No. 4474

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.