

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38515

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9868**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>2256 S Blendon Place</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>META</b> b. (Middle) <b>PAULINE</b> c. (Last) <b>BETZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov - 14 1949</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 12, 1895</b>
9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Otto B. Steiner</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Heidemann</b>	14. NAME OF HUSBAND OR WIFE <b>ARTHUR C. BETZ</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ARTHUR C. BETZ: 2256 S Blendon Pl.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) <u>admission carcinoma of breast rt. mast</u></b> <b>general metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>May 26-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of breast invasive of pectoral muscles infiltrating</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>ST. LOUIS MISSOURI</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>170X</b>

22. I hereby certify that I attended the deceased from **May 20**, 1949, to **May 14**, 1949, that I last saw the deceased alive on **May 14**, 1949, and that death occurred at **11:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Karl J. Kiffles</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1135 Bellevue av St. Louis</b>	23c. DATE SIGNED <b>May 15-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-19-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DAKE GROVE CREMATORY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>

DATE REC'D BY LOCAL REG. <b>NOV 15 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons.</b>	ADDRESS <b>7233 DELMAR</b>
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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

*Clarence H. Murray*

Licensed Embalmer No. *4011*

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.