

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42227**
Registrar's No. **10599**

FILED DEC 27 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) //		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 27- 2814a Sheridan Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Phillips Hospital				d. STREET ADDRESS (If rural, give location) 27- 2814a Sheridan Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Lee c. (Last) Betts			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1949					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 6 1906		
9. AGE (In years last birthday) 43		# UNDER 1 YEAR Months 7 Days 1		# UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Coal & Ice		11. BIRTHPLACE (State or foreign country) Wynn, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Leroy Betts		13b. MOTHER'S MAIDEN NAME Elizabeth Pye		14. NAME OF HUSBAND OR WIFE Willie Edna Betts				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-10-7652		17. INFORMANT'S SIGNATURE OR NAME Willie Edna Betts ADDRESS 2814 Sheridan Avenue				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wounds of chest inflicted with gun in the hands of one Herbert Greed above Episkine col. in room II. OTHER SIGNIFICANT CONDITIONS same 1125 No. Crompton Ave about 145 am Dec 7 1949					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 7 49 145 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 166				
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 145A m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick E. Taylor Cor 7				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 7 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-1949		24c. NAME OF CEMETERY OR CREMATORY Washington park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. DEC 9 1949		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.				

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2767 Chouteau*

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.