

FILED MAY 28 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17826
4445

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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5745 VERNON AVE		d. STREET ADDRESS (If rural, give location) 5745 VERNON AVE	
3. NAME OF DECEASED (Type or Print) EDWARD		4. DATE OF DEATH (Month) (Day) (Year) MAY 10 1951	
a. (First) EDWARD		b. (Middle) PETER	
c. (Last) BETZ			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV 17-1894
9. AGE (In years last birthday) 56		10. MONTHS 5	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERVIEWER		10b. KIND OF BUSINESS OR INDUSTRY N.Y. STATE - DEPT. LABOR	
11. BIRTHPLACE (State or foreign country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? O	
13a. FATHER'S NAME PETER BETZ		13b. MOTHER'S MAIDEN NAME MARY TEMPLEMAN	
14. NAME OF HUSBAND OR WIFE IRMA OTTE BETZ			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Peter Betz		ADDRESS 5745 Vernon Ave	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Acute Coronary Art. Occlusion		30 min	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic heart dis		for 2 yrs.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Diabetes Mellitus		?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 2lex	

22. I hereby certify that I attended the deceased from 5-9, 1951, to 5-10, 1951, that I last saw the deceased alive on 5-9, 1951, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE John Hammond M.D.		23b. ADDRESS 1634 N. Grand		23c. DATE SIGNED 5/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 12, 1951		24c. NAME OF CEMETERY OR CREMATORY KENSICO CEMETERY	
24d. LOCATION (City, town, or county) (State) MOUNT PLEASANT, N.Y.					

DATE REC'D BY LOCAL REG MAY 1 1951		REGISTRAR'S SIGNATURE J. B. Saxter		25. FUNERAL DIRECTOR'S SIGNATURE Wm J. ROBERT	
				ADDRESS 1424 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

JOHN J. HAMMOND

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 Ronald O Yahnske

Licensed Embalmer No. 3917

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.