

FILED JAN 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 43580

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6276 Registrar's No. 4091

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kinlock</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinlock</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>308 So. Evergreen</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 So. Evergreen</u>			
3. NAME OF DECEASED (Type or Print) <u>Grace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1951</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Betts</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1897</u>
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Clarksdale Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Jefferson</u>	
14. NAME OF HUSBAND OR WIFE <u>Buster Betts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-22-9583</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Robinson</u>		ADDRESS <u>4638 St. Ferdinand</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>Chol. Hepatitis - chronic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u></u>			
22. I hereby certify that I attended the deceased from <u>12-18-51</u> to <u>12-20, 1951</u> , that I last saw the deceased alive on <u>12-18, 1951</u> , and that death occurred at <u>6:44 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. J. Kappner, M.D.</u>		23b. ADDRESS <u>5825 Carson Rd</u>	
23c. DATE SIGNED <u>12-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 27, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hose Vasser</u>		ADDRESS <u>2812 Cass Ave.</u>	

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

Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave.

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.