

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40195**
Registrar's No. **10866**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		a. STATE Missouri	b. COUNTY 2239
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital		d. STREET ADDRESS (If rural, give location) 23 1903a Geyer Av	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Emma	b. (Middle) Emily	c. (Last) Betlach	Nov 15 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct 15 1884		9. AGE (in years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Joseph Sipla	13b. MOTHER'S MAIDEN NAME Mary Velat	14. NAME OF HUSBAND OR WIFE Joseph (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Sipla 4656 Cecil Place

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute endocarditis	Chronic Pulmonary T B		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Chronic Pulmonary T 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
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? 002X

22. I hereby certify that I attended the deceased from Sept. 17, 1942, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15, 1953 and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas G. Houck M.D.	23b. ADDRESS 3109 S. Grand Blvd.	23c. DATE SIGNED 11/16/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/18/53	24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery
		24d. LOCATION (City, town, or county) (State) St Louis Missouri

DATE REC'D BY LOCAL REG. NOV 16 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av
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(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

Reinhold J. Lehman

Licensed Embalmer No. 3395

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.