

STANDARD CERTIFICATE OF DEATH

7044

State File No.

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY St. Louis		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 University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) Yrs.		4236 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6275 Enright Ave.		d. STREET ADDRESS (If rural, give location) 6275 Enright Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Retronelle	b. (Middle) (Nellie)	c. (Last) Bettonviel	4. DATE OF DEATH (Month) (Day) (Year)
				2/16/54

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30, 1875	9. AGE (In years) (Month) (Day) (Year)
				78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseworking	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Holland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Geerts	13b. MOTHER'S MAIDEN NAME Unik	14. NAME OF HUSBAND OR WIFE Mathey Bettonviel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 492 36 2850	17. INFORMANT'S SIGNATURE OR NAME Mathey Bettonviel	ADDRESS 6275 Enright
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vascular disease		10 yrs.
	DUE TO (c) Generalized arteriosclerosis		10 yrs.
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		35 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTHORITY? 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)
		331A

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?
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22. I hereby certify that I attended the deceased from _____, 1946, to 2/16/1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Bettowville Jr. M.D.	(Degree or title) 9	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 2/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY Walvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis MO.
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DATE REC'D BY LOCAL REG. 2-18-54	REGISTRAR'S SIGNATURE Herbert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 nodiamont Ave.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Alfred J. Bodeker

Signed.....
Student Embalmer

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodkinson*

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.