

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9358**
Registrar's No. **1763**

FILED MAR 18 1955

318

1003

BIRTH NO. 16835-55

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>2 da-8hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 9,</u>		d. STREET ADDRESS (If rural, give location) <u>3 6810 Marguette Ave.,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3 6810 Marguette Ave.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Bettlach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 22, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>February 20, 1955</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Joseph Bettlach</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lee May</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virginia Bettlach-6810 Marguette</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause Unknown</u>			
*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 (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pre-eclampsia. Premature</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? <u>7695</u>		
22. I hereby certify that I attended the deceased from <u>Feb 20,</u> 19<u>55,</u> to <u>Feb 22,</u> 19<u>55,</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:35p.m.,</u> from the causes and on the date stated above. 					
23a. SIGNATURE (Name or title) <u>Frank S. Robertson, M.D.</u>			23b. ADDRESS <u>634 N. Grand Ave.</u>		23c. DATE SIGNED <u>2-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 24 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Kuttis 2916 Harris</u>	

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. _____

Not Embalmed

working under my personal supervision.

Student
Student Embalmer

Signed *Homer C. Dale* _____

Licensed Embalmer No. *4347* _____

P. O. Address *29th Street* _____

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.