

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27453**
6834

1003

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis | c. LENGTH OF STAY (In this place) 16 years | c. CITY OR TOWN Saint Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5857 A Goener | | STREET ADDRESS (If rural, give location) 5857 A Goener | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) J c. (Last) Betzold | 4. DATE OF DEATH (Month) (Day) (Year) 8 4 1955 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 17, 1892 | 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months 2 Days 18 IF UNDER 24 HRS.: Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paymaster | 10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co. | 11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Julius Betzold | 13b. MOTHER'S MAIDEN NAME Elizabeth Sattig | 14. NAME OF HUSBAND OR WIFE Anna M Betzold (nee Drda) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 493 09 6594 | 17. INFORMANT'S SIGNATURE OR NAME Anna M Betzold | ADDRESS 5857 A Goener St Louis Mo |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 3 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **May 1955**, to **Aug. 4, 1955**, that I last saw the deceased alive on **Aug 2, 1955**, and that death occurred at **10 P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE George H. Stuee M.D. | 23b. ADDRESS 3720 Washington Blvd | 23c. DATE SIGNED 8-4-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-8-1955 | 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. AUG 5 1955 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister | ADDRESS Colonial Mortuary 646 Chippewa Street St. Louis, Mo |
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S.P. (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.....
Signature of Student Embalmer

Signed *Linus E. Hoffmann*.....

Licensed Embalmer No. 38.....

P. O. Address 7814 S.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.