No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3268

FILED FEB 10 1956

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 296

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: OAKLAND 479X
d. Is Residence within limits of a city or incorporated town? Yes [✓] No [ ]
e. STREET ADDRESS (If rural, give location): 432 SO. HOLMES

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle):
c. (Last): BETTONVILLE

4. DATE OF DEATH (Month) (Day) (Year): JAN. 29, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 16, 1882
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOE WORKER
10b. KIND OF BUSINESS OR INDUSTRY: CUSTOM SHOE MFG.
11. BIRTHPLACE (City and State or Foreign Country): SO. HERTOGENBUSCH, NETHERLANDS
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: JONH BETTONVILLE
13b. MOTHER'S MAIDEN NAME: ANTONETTE VAN ROSY
14. NAME OF HUSBAND OR WIFE: ROSE BETTONVILLE 432 S. HOLME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 487-36-1591A
17. INFORMANT'S SIGNATURE OR NAME: ROSE BETTONVILLE
ADDRESS: 432 SO. HOLMES

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 17 days

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. Diabetes mellitus, arteriosclerosis, heart disease, pneumonia

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 552X
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1956, *to* Jan 29, 1956, *that I last saw the deceased alive on* Jan 29, 1956 *and that death occurred at* 2:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Joseph V Finnegan M.D.
23b. ADDRESS: 508 N Kingshighway
23c. DATE SIGNED: Jan 30, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 1, 1956
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 1-31-56
REGISTRAR'S SIGNATURE: Herbert R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: STROOT CARROLL
ADDRESS: 4600 NATURAL BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

DR JOE FINNIGAN
METROPOLITAN BLDG.
508 No. GRAND
JE 1-5521
1:00 P.M TO 4:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruter

Licensed Embalmer No. 486

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.