S. No. 300
Rev. 10.48

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9745

State File No.

BIRTH NO. 17109-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 5058 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: St. Charles 23
b. CITY OR TOWN: St. Charles 06
c. LENGTH OF STAY (in this place): 04 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hopital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 4264
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
STREET ADDRESS (If rural, give location): 8911 Shawnee

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Boy
c. (Last): Bettise

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: April 7, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 4 Min.
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): St. Charles Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Raymond Bettise
13b. MOTHER'S MAIDEN NAME: Joyce Cox
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Raymond Bettise 8911 Shawnee

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) Agenesis of right diaphragm

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) causing complete collapse of

DUE TO (c) right lung

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7590
20. AUTOPSY? YES ☒ NO ☐ 1

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* April 7, 1957, *to* April 7, 1957, *that I last saw the deceased alive on* April 7, 1957, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter C. Gray (Degree or title) MD
23b. ADDRESS 8718 Charles Rd St Louis 14 Mo
23c. DATE SIGNED Apr 8 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/7/1957
24c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: APR. 8
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Collier Mortuary 10123 St. Chas. Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student..... Signed Sheldon Collier.....

Signature of Student Embalmer

No Embalming

Licensed Embalmer No 3382

P. O. Address 10123 St. Clair

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