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FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3931

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b 5-wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City 4346 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 7260 Princeton Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First William Middle J. Last Betz

4. DATE OF DEATH Month Day Year: Jan. 20, 1958

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb. 7, 1908

9. AGE (In years last birthday) 49 — 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) Insurance- General Insourors
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert Louis Betz
13b. MOTHER'S MAIDEN NAME Susie V. Barrett
14. NAME OF HUSBAND OR WIFE Mrs. Mary Virginia Betz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (Name war or dates of service) World War #2
16. SOCIAL SECURITY NO. 489-03-2493
17. INFORMANT Address Mrs. Mary Virginia Betz, 7260 Princeton Ave. U.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Right Parotid — INTERVAL BETWEEN ONSET AND DEATH: ~~14 years~~ 20 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1420
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/12/56, to Jan 20, 58 and last saw ~~her~~ him alive on Jan 20, 1958.
Death occurred at 10:30 pm. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo J. Mulligan (Degree or title) M.D.
22b. ADDRESS 634 N. Grand
22c. DATE SIGNED 1/21/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan. 23, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 1-22-58
26. REGISTRAR'S SIGNATURE Herbert B. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Item #18, Ia) corr by autopsy of Dr. 3-13-58

MAR 14 1958

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 .....

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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.