MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 2659

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 225

Township ..... Primary Registration District No. 1003 Registered No. 225

City St Louis (No. 2824 Cass Ave St. ..... Ward)

2. FULL NAME Clara B. Betts

(a) Residence. No. 2824 Cass Ave 20 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas A Betts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 12-1870

7. AGE: Years 57 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Anton Proehl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT: Charles A Betts
(Address) 2824 Cass Ave

15. FILED 7 1928 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/11 1927 to 1/5 1928 that I last saw her alive on 11-4-1928, and that death occurred, on the date stated above, at 5:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Myocarditis
93C

..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Glomerular Nephritis (duration) Not known yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1/29/28
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. Hofmeister M.D.
1/6 1928 (Address) 3958 S. Grand Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus | DATE OF BURIAL: Jan 7 1928

20. UNDERTAKER: Wacker Helderle | ADDRESS: 2331 S Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.