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.

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

837
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 837

(c) City ST.LOUIS (d) Street No. 4141 BLAINE AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 320 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERTA BETZ

(a) Residence, No. 4141 Blaine Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDWARD P.BETZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22,1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST.LOUIS MO.

FATHER

13. NAME ROBERT FOEGE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST.LOUIS MO.

MOTHER

15. MAIDEN NAME LINDA BUCKO

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST.LOUIS MO.

17. INFORMANT EDWARD P. BETZ
(ADDRESS) 4141 BLAINE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Jan.28,1939

19. FUNERAL DIRECTOR (NAME) ARTHUR J. DONNELLY
(ADDRESS) 3840 LINDELL BLVD.

20. FILED JAN 27 1939 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan.25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:40 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning, self-administered at her home 4141 Blaine Ave., January 25th, 1939, about 4:40 P.M., while suffering temporary mental aberration. SUICIDE.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/25, 1939

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph M. Lemon M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.