S. No. 2
-11-10-39
5-17-39
I X21492

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

FILED AUG 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26333

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1454

**1. PLACE OF DEATH:**

(a) County St. Louis 2

(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1019 Hampton Park Drive.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County

(c) City or town Richmond Heights.
(If outside city or town limits write "RURAL")

(d) Street No. 1019 Hampton Park Drive.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Benjamin B. Betts. 320

3. (b) If veteran, name war none.

3. (c) Social Security No. 703-03-3136

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Tessie S. Betts.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sep't, 26, 1860.
(Month) (Day) (Year)

8. AGE: Years 79. Months 10. Days 5. If less than one day hr. min.

9. Birthplace Newcomerstown, Ohio. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Structual Sup't 1

11. Industry or business St. Louis Terminals Co.

FATHER
12. Name Willaim W. Betts. 9
13. Birthplace Ohio.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Snyder.
15. Birthplace UNKN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tessie S. Betts.
(b) Address 1019 Hampton Park Drive.

17. (a) burial. (b) Date thereof 8-3-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Bly'd.

19. (a) AUG - 2 1940 (b) T R Meyer M D Dep H
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31, year 1940 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1940, 19__, to Present, 19__; that I last saw him alive on July 30, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemiplegia right | 3 mos. |
| Due to Cerebral Hemorrhage | " |
| Hypertension | 4 yrs. |
| Due to Terminal Pneumonia (BRONCHIAL) | 1 wk |
| Senility | — |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 8241
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Sam A. Barrett (M. D. or other) M.D.
Address 1200 S. Big Bend. Date signed 8/1/40

(Licensed Embalmer's Statement on Reverse Side)

1200 Big Bend Rd.
Hi - 8888
P.M.

## 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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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