

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12803**
Registrar's No. **3233**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3233**

1. PLACE OF DEATH:
 (a) County St. Louis City
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospo
(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)

8. (a) PRINT FULL NAME BETTIE OPAL DEATON
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Robert Deaton 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased 4 - 16 - 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 27 hr. _____ min. _____
If less than one day

9. Birthplace Opark Co Mo 13
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 12. Name Leucyora Stewart
 13. Birthplace Ill
 14. Maiden name Georgia Ann Martin
 15. Birthplace Mo. 0
(City, town or county) (State or foreign country)

16. (a) Informant A. S. Deaton
 (b) Address Deaconess Mo

17. (a) Funeral (b) Date thereof Apr 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cuba Mo.

18. (a) Signature of funeral director Deaton
 (b) Address Bourbon Mo

19. (a) APP 1 1041 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ill Mo. (b) County Macoupin Co
 (c) City or town Hidden Leadburg
(If outside city or town limits, write "RURAL")
 (d) Street No. 106 S. Dye N.R.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? 2 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4/13 day 41
 year _____ hour 3:45 minute A M. _____
 21. I hereby certify that I attended the deceased from 4-12
 _____ 19 _____ to 4/13 19 _____
 that I last saw her alive on 4/13 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction & perforation
 Due to _____
 Due to Post-operative adhesions
 Other conditions 2
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Post-operative adhesions
 Of operations _____
 Of autopsy Bowel obstruction with perforation & gangrene
 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? _____

While at work? Yes (Specify type of place) _____
 (e) Means of injury Q

23. Signature P. B. Cappel (M. D. or other) _____
 Address 3239 Washae Date signed 4/17

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

Dr. Cuyler

3259 Ivanhoe.

10 to 12

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

John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo

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.