

STANDARD CERTIFICATE OF DEATH

18013

State File No.

FILED MAY 27 1946  
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1122

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Crève Coeur Hill  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: B  
(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 gas

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2902 Sheridan Ave 9  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Jewell Betts Jr

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race eye 6. (a) Single, widowed, married, divorced child 1

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept 16th 1931  
(Month) (Day) (Year)

Immediate cause of death Suffocation

Due to Drowning in creek

Due to..... 1933

Other conditions (Include pregnancy within 3 months of death) 19

8. AGE: Years 14 Months 8 Days 3 If less than one day hr. min.

9. Birthplace St. Louis mo  
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

Major findings: Of operations.....

XXXXXXX

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Jewell Betts

13. Birthplace Wynni Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Lee Hill

15. Birthplace Atlanta Ga  
(City, town, or county) (State or foreign country)

16. (a) Informant Jewell Betts  
(b) Address 2902 Sheridan Ave

17. (a) Burial (b) Date thereof 5-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Bradford  
(b) Address 3133 Bell Ave

19. (a) 5-24-46 (b) E. M. Garrison  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence May 19th, 1946

(c) Where did injury occur? Crève Coeur, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm  
While at work? (Specify type of place) (e) Means of injury Drowning

23. Signature Arnold J. Willmann Coroner  
Address Clayton 3 Date signed 5/21/46

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**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 S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Charlotte

**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, fact should be so stated above.,**