

FILED MAY 27 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2615a Tennessee Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME

Bessie C. Bethoa

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 11th 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 : 1 _____ hr. _____ min.

9. Birthplace Montgomery Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Dr A. B. Clanton

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

14. Maiden name Anna Gillner

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

16. (a) Informant Lucile B. Hilleman Daughter

(b) Address 2615a Tennessee

17. (a) Burial (b) Date thereof MAY 15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Petz Funeral Home

(b) Address 5029 Lafayette Ave

19. (a) MAY 14 1946 (b) J. F. Bredack
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2615a Tennessee Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1946 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 1945
to May 10 1946
that I last saw her alive on May 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia

Duration 544
Due to Acute Pneumonia

Due to Ca. of Breast
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none
Of operations none
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? _____ (c) Means of injury _____
23. Signature J. F. Bredack (M. D. or other) _____
Address 3115 P. Howard Date signed 5/15/46

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 Franc J. Owen

Licensed Embalmer No. 7245

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, fact should be so stated above.