S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18178

FILED JUN 6 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4811

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5610a Theodosia Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Charles Robert Betts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Cora Betts.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 5, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	10	22	hr. min.

9. Birthplace Aurora, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation pipe fitter (retired)

11. Industry or business

FATHER
12. Name Thomas Betts.
13. Birthplace Rochester, New York.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hanna Wilson.
15. Birthplace Leeds, England. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Betts.
(b) Address 5610a Theodosia Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-1946. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAY 29 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 15, 1946 to May 27, 1946; that I last saw him alive on May 27, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, bilateral — Duration 5 days.

Due to Sepsis following 1st stage Prostatectomy

Due to

Other conditions
(Include pregnancy within 3 months of death)

107

Major findings:
Of operations Benign hypertrophy of prostate.
Of autopsy Bronchopneumonia, bilateral

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 [illegible] (M. D. or other)
Address Barnes Hospital Date signed 5/22/46

(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 Clement E. McGreary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.