DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21567

Registration District No. 379 Primary Registration District No. 3069 Registrar's No. 1536

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town RICH HTS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 1011 CLAYTONIA TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 96
(c) City or town RICHMOND HTS MO 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 CLAYTONIA TERRACE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THERESA S. BETTS

3. (b) If veteran, name war

3. (c) Social Security No. 490-20-5320

4. Sex F

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ BENJAMIN B. BETTS

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

7. Birth date of deceased JAN (Month) 11 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	5	6	10 hr. 15 min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation CLERK

11. Industry or business LIGGET + MEYER TOB CO

FATHER
12. Name BERNARD H. SCHRAUTEMEIER
13. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARY FUNKE
15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Anna Marie Longworth
(b) Address 7215 DELTA AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 21 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM

18. (a) Signature of funeral director Watson Bocklage
(b) Address 6536 Clayton Rd

19. (a) 6-21-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from February 24, 1948, to June 18, 1948 that I last saw her alive on June 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary edema	
Due to: Generalized carcinoma.	
Due to: 50	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of breast with metastasis.
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 J. C. Middleman (M. D. or other)
Address 462 N. Taylor Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

June 18, 1948

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 Henry W. Bramme

Licensed Embalmer No. 4200

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.