

S. No. 302  
10-48

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REG# 106788

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41081  
REGISTRAR'S No. 3078

DEC 6 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 REGISTRAR'S No. 3078

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEMAY (23)</b>	
c. LENGTH OF STAY (In this place) <b>4 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL ROUTE #8, BOX 1380</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEWIS</b>		b. (Middle) <b>A.</b>	
c. (Last) <b>BETTERTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-28-52</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-17-79</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STREET CAR CONDUCTOR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GREENVILLE, ILLINOIS</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SERVICE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM BETTERTON</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA BAIRE</b>	
14. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES SPAW</b>	
16. SOCIAL SECURITY NO. <b>494-01-0258</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>  DUE TO (c) <b>4200</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death. <b>CIRRHOSIS OF LIVER (Lennox)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Weeks</b>  <b>15 Years</b>  <b>15 Years</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-24-1952</b> , to <b>11-28-1952</b> , and that death occurred at <b>8:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Hubert R. Drouk</b>		23b. ADDRESS <b>M.D. VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>11-29-52</b>		24. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, 23, MO.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/1/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>		24d. NAME OF CEMETERY OR CREMATORY <b>JEFFERSON BARRACKS, 23, MO.</b>	
DATE REC'D BY LOCAL REG. <b>11-29-52</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Drouk</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed B. F. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.