

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027651

FILED VS JUL 22 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1764 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis Co.</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryridge Nursing Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3849 McRee</u>	
3. NAME OF DECEASED (Type or print) First <u>Lilly</u> Middle <u>Betz</u> Last			4. DATE OF DEATH Month <u>7</u> Day <u>1</u> Year <u>59</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/29/1881</u>	9. AGE (last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <u>St. Louis Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>John Betz</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Henn</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mr. Leo Murphy 401 S. Meramec Clayton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic HEART Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1956</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) : <u>CARCINOMA Sigmoid Colon</u>					<u>1956</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>1956</u> to <u>present time</u> and last saw her <u>alive on</u> <u>June 30, 1959</u> Death occurred at <u>5:55 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Johna Carrier, M.D.</u> (Degree or title)			22b. ADDRESS <u>4401 GRAND TOWER ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>7-1-59</u>
23a. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>	23b. DATE <u>7/3/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Mo.</u>	23d. LOCATION (city, town, or county) (State)		
24. FUNERAL DIRECTOR <u>Jos. A. Howard</u> ADDRESS <u>1619 So. Grand</u>		25. DATE RECD. BY LOCAL REG. <u>7-2-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Etienne P. Remel

Licensed Embalmer No. 428

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.