

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

701

1008

40820  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County ..... / Registration District No. ....  
 (b) Township ..... / Primary Registration District No. ....  
 (c) City ..... St. Louis ..... (d) Street No. .... Homer Phillips Hospital ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10512

2. PRINT FULL NAME *367* Cassel Andrew Batterton

- (a) Residence, No. 108a Theresa St. 27 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- Jan. 12, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 10 19

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- Missouri

13. NAME
- William Batterton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- Missouri

15. MAIDEN NAME
- Jane McDaniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- Missouri

17. INFORMANT (ADDRESS)
- Evelyn Hilliard  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE
- FATHER DICKSON
- DATE
- 12/7/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
- R. M. C. Green  
3517 Lathrop

20. FILED
- 6 1938
- J. B. Brudick
- Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
- December 1
- , 19
- 38

22. I HEREBY CERTIFY, That I attended deceased from
- Nov. 27
- , 1938, to
- Dec. 1
- , 1938

I last saw him alive on Dec. 1, 1938. Death is saidto have occurred on the date stated above, at 7:35a m.

The principal cause of death and related causes of importance were as follows:

Malignancy of stomachDate of case  
11/27/38Other contributory causes of importance:  
H/OName of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
(Signed) R. M. C. Green, M. D.  
(Address) 2601 N Whittier

**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 me  
12/1/38 Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 1173  
P. O. Address 3517 Soledad Ave

**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, above space should be left blank.**