SEP 18 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33463

Registration District No. [illegible] Primary Registration District No. [illegible] Registrar's No. 1655

**1. PLACE OF DEATH:**

(a) County: St. Louis 3

(b) City or town: [illegible] (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2520 McLaren Ave - Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St. Louis

(c) City or town: Ferguson (If outside city or town limits, write "RURAL")

(d) Street No.: 2520 McLaren Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mary Belle Batte 300

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: About 76 Months: Days: If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Salelady

11. Industry or business: Retired

FATHER 12. Name: Benjamin Batte

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Josephine Shurlds

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Dr. Chas. Hastine

(b) Address: 1352 Belrue Ave., Co.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/18/39 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cem

18. (a) Signature of funeral director: A. N. McLaughlin

(b) Address: 2301 Lafayette Ave

19. (a) SEP 18 1939 (Date received local registrar) (b) A. R. Myers M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 16 year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1939, to Sept. 14, 1939; that I last saw her alive on Sept. 14, 1939; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | |
| Senility | |
| Due to | |
| Due to 93 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
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: O. E. Williamson (M. D. ~~coroner~~)

Address: 6336 Clayton Road Date signed 9/16/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39 I X19511

## 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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**