

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.

Registration District No. 784 Primary Registration District No. 114

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Shrewsbury
(c) Name of hospital or institution: 7322 Murdoch Ave.
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 2
(a) State Illinois (b) County _____
(c) City or town Sullivan
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Alexander Batman 355
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 30 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12/29/39 day _____ year _____ hour 5:35 minute 9 M.
21. I hereby certify that I attended the deceased from 12/28/39 to 12/29/39
that I last saw him alive on 12/29/39 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 8 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Acute Coronary arteriosclerosis & myocardial infarction due to fresh infarct.
Duration 2-3 days
Due to _____

9. Birthplace Sullivan Illinois
(City, town, or county) (State or foreign country)

Due to Old chronic coronary disease - healed infarct
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Restaurant Owner
11. Industry or business _____
12. Name William Batman
13. Birthplace Sullivan Illinois
14. Maiden name Cassie Unknown
15. Birthplace Unknown

Major findings: _____
Of operations _____
Of autopsy See above done by Dr. J. R. Roberts
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature George Batman
(b) Address 8322 Murdoch Ave
17. (a) Removal (b) Date thereof 12/30/39
(c) Place: burial or cremation Sullivan, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave
19. (a) DEC 29 1939 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury none
23. Signature Walter H. Naf (M. D. or other) _____
Address 2602 South Grand Date signed 12/29/39

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 Guy W Wilkerson

Licensed Embalmer No..... 3575

P. O. Address.....

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.