

Registration District No. **1100**
AUG 30 1941

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days

(Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 1100

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Bertha Battrael

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Margaret Battrael 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25 1899

(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife

12. Name James Beyer

13. Birthplace Jefferson Mo (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Beyer

15. Birthplace Jefferson Mo (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Battrael

(b) Address old missio mo

17. (a) Buried (b) Date thereof Aug 9 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old missio

18. (a) Signature of funeral director St. Louis

(b) Address St. Louis

19. (a) _____ (b) _____

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1941 hour 2 minutes 12 A.M.

21. I hereby certify that I attended the deceased from 8/2/41 to 8/7/41, 19____; that I last saw her alive on 8/7/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Hepatitis Duration 4-8 weeks

Due to cause unknown

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 1/25 12

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. A. ... M.D. (M. D. certifying) 1

Address 1325 S. Grand Ave Date signed 8/7/41

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

20
17
9

St. Louis, Mo.

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 *Beverly Sparks*

Licensed Embalmer No. *2639*

P. O. Address *Chillicothe Mo*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7390**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Cadet (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 Day 2 Year 1941 Hour 12 A. Minute 12 A.
21. I hereby certify that I attended the deceased from 8/12/41 to 8/17/41, 19____;
that I first saw him/her live on 8/17/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Hepatitis Duration 4-8 wks
Due to Cause Unknown

Due to _____
Other conditions (Include pregnancy within 8 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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature R. A. Mezera (M. D. or other) _____
Address 12355 Grand Ave Date signed 8/21/41

R. A. Mezera, M.D. - Senior

3. (a) PRINT FULL NAME Bertha Battrael
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race gh 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Morgan Battrael 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25 (Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name James Bayer

13. Birthplace Jefferson Co (City, town, or county) _____ (State or foreign country)

14. Maiden name Johnson (City, town, or county) _____ (State or foreign country)

15. Birthplace Jefferson Co (City, town, or county) _____ (State or foreign country)

16. (a) Informant Morgan Battrael

(b) Address Old Mines, Mo

17. (a) Burial (b) Date thereof Aug 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Sparks

18. (a) Signature of funeral director Sparks

(b) Address Patrose

19. (a) SEP 13 1941 (b) R. A. Mezera (Registrar's signature)

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

MOTHER FATHER

TEMPORARILY

7390

7390

30052