

FILED MAR 17 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4031 Grove St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Frank Batteiger

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Batteiger nee Kruse 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 28, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 15 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Alex Batteiger

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

14. Maiden name Elizabeth Allheim

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

16. (a) Informant Ralph Batteiger

(b) Address 4031 Grove St.

17. (a) Burial (b) Date thereof 2/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) Feb 18 1942 (b) Ge. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13,
year 1942 hour 9:33 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Compound comminuted fracture skull fracture of occipital condyle
when the automobile was driven by an intoxicated driver by one Due to Allen at the intersection of Chalmers and No. Market St. about 9:30 P.M. Feb. 13 1942

Major findings: 13 1942
Of operations 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) Accident
(b) Date of occurrence Feb 13 1942
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) Means of injury Auto
23. Signature Thomas F. Callanan (M.D. or other)
Address Deputy Coroner Date signed 2/14/42

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

APR 6 1942

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 William G. Buchholz
Licensed Embalmer No. 2110
P. O. Address St. Louis, 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.