

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**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:  
**St. Anthony Hospital** *0*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME **Nelson Battig**

3. (b) If veteran, name war **None**

8. (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 5 1942**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 4 15</b> hr. min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joseph Battig**

18. Birthplace **Switzerland** *5*  
(City, town, or county) (State or foreign country)

14. Maiden name **Anita Brutsch**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Joseph Battig**

(b) Address **8224 Virginia ave.**

17. (a) **Burial** (b) Date thereof **Sept. 8, 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul Cem/**

18. (a) Signature of funeral director **Chaffin & Co**

(b) Address **7814 S. Broadway**

19. (a) **SEP 6 1942** (b) **J. J. Brutsch**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8224 Virginia ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **5<sup>th</sup>**  
year **1942** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Sept 6<sup>th</sup>** to **Sept 6<sup>th</sup>**, 19**42**  
that I last saw him alive on **Sept 5<sup>th</sup>**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **no**

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) (a) Means of injury \_\_\_\_\_

23. Signature **William Barrin** (M. D. or other) \_\_\_\_\_  
Address **3601 S. Jefferson** Date signed **9-6-42**

**000**  
**17**  
**19**

**0** years.

Duration  
**5 hours**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Low Brown  
3601 = 2 Joff

**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.....  
Licensed Embalmer No.....  
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.**