

S. No. 2  
OM-5-42  
v. 5-17-39  
I x3

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22770

State File No. ....

FILED JUL 17 1943 318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 6217

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:  
13 Washington Terrace, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 30 years.  
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. 13 Washington Terrace,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lutie K. Battle,  
3. (b) If veteran, name war..... None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, Divorced Widowed  
6. (b) Name of husband or wife Walter G. Battle  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 23, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 15 ..hr. ..min.

9. Birthplace Janesville, Wisconsin, /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business.....

MOTHER FATHER { 12. Name Geo. W. Kimball,  
13. Birthplace Irasburg, Virginia, /  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Rachel ~~Wagoner~~ Hager  
15. Birthplace Charleston, Mass. /  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Kimball Battle  
(b) Address 13 Washington Terrace,

17. (a) Burial (b) Date thereof 7/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.  
(b) Address 3621 Olive St.

19. (a) JUL 9 1943 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1943 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from 1935  
..... 19..... to July 8..... 1943;  
that I last saw her alive on July 7..... 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 3 days

Due to generalized arterio sclerosis years  
Due to Diabetes mellitus years

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?

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

23. Signature H. G. Wagoner (M. D. or other) M.D.  
Address 3720 Washington Date signed 7-8-43

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

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**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

*Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

**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.**