

FILED NOV 18 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9726**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 39 years 0 (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. 3509 Clark
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Will Batterton

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

4. Sex Male 5. Color or race Colored 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 Abt. ~~181879~~ 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 64 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name William Batterton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jane McDaniel
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Batterton
(b) Address 3860 R. Washington Avenue

17. (a) Burial (b) Date thereof 11/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) NOV 6 1943 J. J. [Signature]
(Date received by local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29,
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 18,
1943 to October 29, 1943
that I last saw him alive on October 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration Unk.
Pulmonary Hemorrhage from Heart Disease 3 days
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 93

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) Means of injury _____

23. Signature J. J. [Signature] (M. D. or other) _____
Address 2601 [Address] Date signed 11/11/43

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

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 *P. M. Green*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3512 Laclede Ave*.....

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.