

FILED JUN 19 1945 318

1003

Registrar's No.

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

970

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Batchlor Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Sillie Batchlor

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>26</u>	hr. _____ min _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Green Batchlor

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

14. Maiden name Fannie

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

16. (a) Informant Fannie Batchlor

(b) Address 2322 a Biddle

17. (a) Burial (b) Date thereof 6/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. W. Spear

(b) Address 2915 Franklin ave.

19. (a) JUN 8 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 21

(d) Street No. 2222 a Biddle
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,
 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 23, 1945 to June 6, 1945;

that I last saw him alive on June 6, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Hypertensive heart disease

Due to _____

Due to _____

Duration
<u>unk</u>
<u>Unk.</u>

Other conditions 4/2
(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 B. F. Mumpless (M. D. or other) 6/7/45

Address 2601 W. North St. Date signed _____

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

J. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.