V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40371

FILED DEC 8 1947

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2433

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Clayton (If outside city or town limits, write "RURAL")

(d) Street No. 7536 Wydown (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Floyd Battle

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex M 2

5. Color or race C

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Floretta Elder

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 3 (Day) 1844 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53 ~~56~~	8	20	hr. min.

9. Birthplace (City, town, or county) Georgia (State or foreign country) 1

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Matt Battle
13. Birthplace (City, town, or county) Georgia (State or foreign country) 1

MOTHER
14. Maiden name [illegible]
15. Birthplace (City, town, or county) Georgia (State or foreign country) 1

16. (a) Informant Floretta Battle
(b) Address 7536 Wydown

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation [illegible] Washington Park

18. (a) Signature of funeral director [illegible]
(b) Address 1221 N Grand Blvd

19. (a) 11-28-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1947 hour 3 minute 17 A.M.

21. I hereby certify that I attended the deceased from November 20, 1947, to November 23, 1947; that I last saw him alive on November 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive C-V disease with congestive failure and nephrosclerosis with uremia.	years 3 days
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Horseshoe Kidney; Crossed ectopia left kidney; Secondary anemia	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell Hardene (M. D. or other)

Address 601 Brentwood Date signed 11-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 8 1947

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221 N. Grand

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.