No. 300
-10-47
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34579

Primary Registration District No. 1003

Registrar's No. 9515

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: 5635 Lisette Ave.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 800 12

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

(d) Street No. 5635 Lisette Ave. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JEAN A. PRIMM

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Dollie L.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. (Month) 31 (Day) 1890 (Year)

8. AGE: Years 58 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation Regional Credit Mgr.

11. Industry or business Liquid Carbonic Corp.

FATHER
12. Name John Batese
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Dollie L. Primm
(b) Address 5635 Lisette Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 11-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1948 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from 10-29-48, 19__, to 10-30, 1948, that I last saw him alive on 10-30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to —	
Due to —	
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) no
(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? D
While at work? (Specify type of place) (e) Means of injury

23. Signature Bernard Blank M.D. (M. D. or other)
Address 3527 Osage St. Louis 18, Mo. Date signed 11-2-48

(Licensed Embalmer's Statement on Reverse Side)

9745

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. Richard W. Stoversand

Licensed Embalmer No. 4007

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, fact should be so stated above.