

FILED JAN 11 1948  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Caroline Batterton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female } 5. Color or race Col

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 4 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant See Robinson

(b) Address 2941 Olive St

17. (a) Burial (b) Date thereof 12/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dixon Cemetery

18. (a) Signature of funeral director J. B. Foster

(b) Address 3517 Jackson

19. (a) DEC 29 1948 (b) J. B. Foster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2941 Olive St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 26  
year 1948 hour 5 minute 25a M.

21. I hereby certify that I attended the deceased from Dec. 24 19 48 to Dec. 26 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis;  
Arteriosclerotic Heart Disease with  
auricular fibrillation and Hypertension.

Due to \_\_\_\_\_ Undet.

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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 Robert Danks (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 12/29/48

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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 E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

**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.**