

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25595**

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1439

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		b. COUNTY <u>St. Clair</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Admin. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1129 Kansas</u>	

3. NAME OF DECEASED (Type or Print) <u>Barney</u>	a. (First)	b. (Middle)	c. (Last) <u>BATTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negroes</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 15, 1905</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furnace hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Copper refining</u>	11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe Batts</u>	13b. MOTHER'S MAIDEN NAME <u>Elizer Baxter</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>	ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOWER NEPHRON NEPHROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEMOLYTIC ANEMIA</u>		
	DUE TO (c) <u>ARSENINE INTOXICATION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>UREMIA</u>		2922 Coroner's case	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1949, to June 17, 1949, that I last saw the deceased, alive on June 17, 1949 and that death occurred at 9:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title)	23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>	23c. DATE SIGNED <u>6/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>6-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nat. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jeff. Bks. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-49</u>	REGISTRAR'S SIGNATURE <u>Reginald P. Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. T. Tash</u>	ADDRESS <u>3847 Page</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. 286

working under my personal supervision.

Student Cherene Croome
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 9432

P. O. Address 3847 Page

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.