WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10336

File No.

Registered No. 2928

1. PLACE OF DEATH

County

Township

City St. Louis No. St. Luke's Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Walter G. Battle

(a) Residence. No. 13 Washington Terrace St. 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lutie K. Battle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jany 17-1864

7. AGE: Years 63 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED: Manager Safe
(a) Trade, profession, or particular kind of work: Dept. Boxes
(b) General nature of industry, business, or establishment in which employed (or employer): Boatmens Bank
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Tuskegee
(STATE OR COUNTRY): Alabama

PARENTS

10. NAME OF FATHER: John A. M. Battle

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Raleigh
(STATE OR COUNTRY): North Carolina

12. MAIDEN NAME OF MOTHER: Madeline Clothwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Newborn
(STATE OR COUNTRY): North Carolina

14. INFORMANT: Lutie K. Battle
(Address) 13 Washington Terrace

15. FILED 19 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1927, to March 25 1927, that I last saw him alive on March 25 1927, and that death occurred, on the date stated above, at 10:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - chronic.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Anemia - pernicious & Terminal thrombosis
(duration) yrs. mos. ds.

Cerebral embolism
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 13 Washington Terrace

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TESTS CONFIRMED DIAGNOSIS?

(Signed) Omar R. Klein, M. D.

Mar. 26, 1927 (Address) 408 Humboldt Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine

DATE OF BURIAL: 3-27 1927

20. UNDERTAKER: Wagner

ADDRESS: 3621 Olive

Rm