

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

Do not use this space.

20610  
20708

**PLACE OF DEATH**

County St. Louis  
Township Central  
City.....

Registration District No. 1170  
Primary Registration District No. 6278H  
(No. St. Mary's Hosp.)

File No. ....  
Registered No. 138  
St. .... Ward)

**2. FULL NAME**

John H. Bateman  
(a) Residence No. 5845 Romaine St. St. .... Ward. St. Louis Mo  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henrietta Bateman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 3 1872</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Plumber</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930  
17. I HEREBY CERTIFY, That I attended deceased from May 29, 1930 to June 2, 1930 that I last saw him alive on June 2, 1930, and that death occurred, on the date stated above, at 2 00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
103  
..... (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) IOHW  
..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Mr. Langan, Jr., M.D.  
June 3 1930 (Address) 5803 Plymou

\*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  
St. Peters Cemetery DATE OF BURIAL 6-4-1930  
20. UNDERTAKER  
Geo. L. Heitseh ADDRESS 5966 Easton Ave

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Narrilton Bateman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?  
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER I don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) I don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Henrietta Bateman  
(Address) 5845 Romaine St

15. FILED 6/4 1930 Lo. Z. Jean  
REGISTRAR

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.

1930

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