

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **3320 Rutger St.**)

File No. **30889**
Registered No. **8604**
St. Ward)

2. FULL NAME

Albert W. Bateman
(a) Residence, No. **3320 Rutger St.** St. **18** Ward. (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 **Mrs. A. Bateman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 2 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sprayer 58**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **St. Louis Coffin Co.**

10. Date deceased last worked at this occupation (month and year) **7-1932** 11. Total time (years) spent in this occupation **6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois 2**

13. NAME **Frederick Bateman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

15. MAIDEN NAME **Jane Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs. W. Bateman 3320 Rutger St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Sept 26 1932**

19. UNDERTAKER (ADDRESS) **E. J. Selmaur 3125 Lafayette Ave**

20. FILED **SEP 26 1932** Registrar **W. C. Stawley**

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 23 1932**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **5:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance: **930 930 930**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) **J. W. Kerrel** M. D.
(Address) **Dep. Comm.**

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.

