

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.

NOV 10 1933

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

Do not use this space.

34580

1. PLACE OF DEATH

County..... Registration District No. 79R
Township..... Primary Registration District No. 1ST
City St. Louis (No. 4273 Junata)

File No.....
Registered No. 8739
St..... Ward)

2. FULL NAME

John Adam Battelfeld
(a) Residence, No. 4273 Junata St. 16 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Battelfeld</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Marbles Tile</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>114 B</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>John Battelfeld</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Margaret Battelfeld</u> <u>4273 Junata</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord Cem</u> DATE <u>10/9/33</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Reegenheim</u> <u>170 West 11th</u>		
20. FILED <u>CC1 - 8 1933</u> <u>J. H. Bredeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1933

22. I HEREBY CERTIFY That I attended deceased from July 6 1933 to Oct. 6 1933
I last saw him alive on Oct. 5 1933. Death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage Date of onset 11/4/33
114 B
Pulmonary Hemorrhage Aug 18, 33
Other contributory causes of importance
Silicosis (chronic) 30420

Name of operation None Date of.....
What test confirmed diagnosis? Clinical 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? Yes
If so, specify Worked in granite & marble shed
for 20 yrs.
(Signed) J. P. Eidson, M. D.
(Address) 3146 Morganford Rd

