

JUN 12 1935

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. *City Hosp.*)

File No. **18186**
Registered No. **4532**
St. Ward

2. FULL NAME

(a) Residence, No. *5-015 Enright* 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 *M* 4. COLOR OR RACE *Wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 3, 1870*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 yrs. 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Custodian*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) *Macon City, Mo.*

13. NAME *Amos H. Batte*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles, Mo.*

15. MAIDEN NAME *Lucretia Kennedy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone County, Mo.*

17. INFORMANT (ADDRESS) *Lizabath P. Batte 5703 Babonne*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *May 21, 1935*

19. UNDERTAKER (ADDRESS) *Wagner 3621 Olive St.*

20. FILED *MAY 21 1935* *J. A. Brubaker Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-19* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *1-5-* 19*35*, to *5-19* 19*35*

I last saw him alive on *5-19* 19*35* Death is said to have occurred on the date stated above, at *1:25 Am.*

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

Chronic Hepatitis
Other contributory causes of importance: *Uremia* **131**

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) *W. H. The Cain*, M. D.

(Address) *City Hospital No. 1*

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.

