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.

JUL 14 1936

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

Do not use this space.

24311

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5925

City ST. Louis, Mo. (No. ST. Louis Children's Hospital St. 500 S. Kingshighway Ward)

2. FULL NAME Peggy Bateman

(a) Residence, No. 3458a Miami St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-2-'32

7. AGE: YEARS 4 MONTHS 3 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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): ST. Louis, Mo.

FATHER

13. NAME: Ernest Bateman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Geraldine Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): J. Brauner 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caragould Ark DATE June 10 1936

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home 1936 St. Louis Ave.

20. FILED JUN 8 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1936 to 6-7, 1936

I last saw her alive on 6-7, 1936 Death is said to have occurred on the date stated above, at 5:35 pm.

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

Acute Glomerular nephritis due to acute myocarditis c̄ cardiac failure

Date of onset: Otitis media

Other contributory causes of importance: otitis media, rt. Mastoiditis, rt.

89a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) A. R. Eckhoff, M. D.

(Address) 500 S. Kingshighway