

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

Do not use this space.

AUG 18 1936

791  
1003

29225  
29239

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Missouri

City Hospital No. 1

File No.....

Registered No.....

**8008**

St. .... Ward)

B. 4488 **Mary Louise Batteiger**

(a) Residence, No. 1322 Ferguson, Galveston, Missouri (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Battiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hrs. or .....min.  
66 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 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, Missouri

13. NAME (FATHER) Wink Wirag

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Elizabeth Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Hosp. Info. M.H. Kent  
 (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL B. ooneville, Ind. DATE July 29/36

19. UNDERTAKER Geo. W. Clark  
 (ADDRESS) 1125 Hodiamont AVE.

20. FILED Aug 29 1936 J. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27/36, 19

22. I HEREBY CERTIFY. That I attended deceased from 6/28/36, 19, to 7/27/36, 19.

I last saw her alive on 7/27/36 at 9.45 P Death is said to have occurred on the date stated above, at 9.45 P m.

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

Chronic myocarditis & decompensation  
General arteriosclerosis  
Senile dementia

Other contributory causes of importance:

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) Charles T. Jansen, M. D.  
 (Address) City Hospital No. 1

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.

JUN 30 1944