

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

Do not use this space.

1. PLACE OF DEATH

91
39
County.....
Township.....
City.....St. Louis, (No. St. Luke's Hospital)
Registration District No. 791
Primary Registration District No. 1003
File No. 3744
Registered No. 779
St. _____ Ward _____

2. FULL NAME Lucretia Batte,
(a) Residence, No. 5703 Cabanne Ave. St. 5 Ward. 1
(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 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 Amos H. Batte		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1846		
7. AGE	YEARS	MONTHS
	90	3
		DAYS
		7
		If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
Sturgeon, Missouri

MOTHER
FATHER
13. NAME Kennedy

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

15. MAIDEN NAME Rhoda D. Brink

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

17. INFORMANT Miss Elizabeth P. Batte
(ADDRESS) 5703 Cabanne Ave.

18. BURIAL CREMATION OR OTHER PLACE Memorial Park DATE Jan'y 19, 1937

19. UNDERTAKER Wagoner Undertaking Co.
(ADDRESS) 3621 Olive St.

20. FILED J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 16, 1937
22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1937, to Jan 16, 1937
I last saw her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 9:05 A.M.
The principal cause of death and related causes of importance were as follows:

- Bronchopneumonia
- Chronic myocarditis
- Permeious anemia

Date of onset 1 wkd.
? yrs.
? yrs.

Other contributory causes of importance: A 2/2

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? no
If so, specify _____
(Signed) Bruce Kenamore, M. D.
(Address) 5335 Delmar Blvd.

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.

