

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003

30830

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 8267  
 (c) City St. Louis (d) Street No. St. Anthony Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN CLITES BATEK 370  
 (a) Residence, No. House Springs St. Jefferson County Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Schumacher Batek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1897

7. AGE YEARS 41 MONTHS 4 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm  
 10. Date deceased last worked at this occupation (month and year) 9/19/38 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booth Creek Mo

FATHER 13. NAME Frank Batek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sviratice Czechoslovakia

MOTHER 15. MAIDEN NAME Annie Kovarik

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sviratice Czechoslovakia

17. INFORMANT (ADDRESS) Inez Lulu Batek House Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE HOUSE SPRINGS Mo. DATE 9/23/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Drummer House Springs Mo.

20. FILED SEP 20 1938 J. B. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 20 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Fracture skull, puncture left leg  
Ruptures spleen due to being struck by Oldsmobile Coach driven by Cliff Muller about one mile west of House Springs, about 8:15 P.M. Sept 19 1938  
 Date of onset Sept 19 1938  
 Other contributory causes of importance: 210 m  
21

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? Accident Date of injury 9/19, 1938  
 Where did injury occur? House Springs Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury See above  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Alfred Perry  
 (Signed) Alfred Perry M.D.  
 (Address) Deputy Coroner

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Howard F Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**