

Registration District No. 791 Primary Registration District No. 1035

1. PLACE OF DEATH: 1035 FEB 17 1940  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: #5222 So. Kings Highway  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days 211

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(d) Street No. #5222 So. Kings Highway  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Arthur Jason Battles  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

20. DATE OF DEATH: Month 1/17/40 day \_\_\_\_\_  
year \_\_\_\_\_ hour 12 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Oct 17, 1939  
to Jan 17, 1940

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Genevieve Battles  
(c) Age of husband or wife if alive unknown years

that I last saw him alive on 1/17/40  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Chronic myocarditis  
Heart Block

7. Birth date of deceased (unknown) 1881  
(Month) (Day) (Year)  
8. AGE: Years 59 Months - Days -  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace unknown  
10. Usual occupation Accountant Disc Seller  
11. Industry or business Federal Reserve Bank  
12. Name M. M. Battles  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Genevieve Battles  
(b) Address #5222 So. Kings Highway  
17. (a) burial (b) Date thereof 4-19-1940  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director T. R. Edston  
(b) Address #7233 Belmont Blvd.  
19. (a) JAN 18 1940 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wassie D. Maylon (M. D. or other) \_\_\_\_\_  
Address 1607 - n 2nd Date signed \_\_\_\_\_

WRITE PLAIN! - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

Rev. 5-1-39 I X19511

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.

University Club Red  
3-5 P.M.  
Je-7675

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
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.**