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FILED SEP 5 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29588

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 1481

1. PLACE OF DEATH:
(a) County. St. Louis
(b) City or town. Clayton
(c) Name of hospital or institution:
6611 a San Bonita Ave.
(d) Length of stay: In hospital or institution
In this community

3. (a) PRINT FULL NAME Susan Salisbury Batterton
(b) If veteran, name war. None
(c) Social Security No. None

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced. W.
(b) Name of husband or wife John L. Batterton
(c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 27, 1868

8. AGE: Years 71 Months 10 Days 7
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business
12. Name John Salisbury
13. Birthplace Vermont
14. Maiden name Susan Cramer
15. Birthplace England

16. (a) Informant John H. Batterton
(b) Address 8131 Glen Echo Dr.

17. (a) Burial (b) Date thereof 8-6-1940
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Linden Blvd.

19. (a) AUG 5 - 1940 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Clayton
(d) Street No. 6611a San Bonita Ave.
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month Aug. day 4th.,
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 2-10 1899 to 8-4 1940
that I last saw her alive on 8-4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to Carcinoma of Liver 8 yrs
Due to Cholelithiasis 12 yrs

Other conditions (Include pregnancy within 3 months of death) 12481

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?

23. Signature of physician J. M. D.
Address 340 Bermuda Ave. Day signed 8-5-40

While at work? (Specify type of place) (e) Means of injury

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OFFICE OF THE
DEPARTMENT OF
HEALTH
DIVISION OF
EMERALD
STATE OF MISSISSIPPI

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 Wm Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.