

STANDARD CERTIFICATE OF DEATH

State File No. **19930**
Registrar's No. **4742**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8600 Trafford Lane /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since Birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 811
(d) Street No. 8600 Trafford Lane (If rural, give location) i
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LOUIS BATTEIGER,

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Batteiger (Stein) 6. (c) Age of husband or wife if alive 67:13 years

7. Birth date of deceased July 31, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 5 hr. min.

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

10. Usual occupation Retired

11. Industry or business Liquor Dealer

12. Name Alexander Batteiger

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Allheim

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Batteiger

(b) Address 8600 Trafford Lane

17. (a) Burial (b) Date thereof 6/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JUN 7 1941 (b) J. V. Brebeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1941 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound in Stomach, self inflicted in the basement of his home 8600 Trafford Lane, on June 5th, 1941, at about 9:09 A.M.

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 5th, 1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 6/7/41

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

MOTHER FATHER

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

Edward Hampton

Licensed Embalmer No. *2967*

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, fact should be so stated above.