

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos. 12 days
 In this community 15 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley Bachelor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
about 29 hr. _____ min.

9. Birthplace Unknown Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Tom Batchelor

13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Cox

15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. Anatomical Body Date thereof 12-6-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. R. ...

(b) Address _____

19. (a) 30 1944 (b) J. T. Bredeck
 (Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21 000
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3152 Sheridan
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4, 1941
 year _____ hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1941
 to December 4, 1941

that I last saw h. im. alive on December 4, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

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

Major findings: _____ OF OPERATIONS _____

Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(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 J. W. Johnson (M. D. or other) _____

Address 2601 Whittier Date signed 12-7-41

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

7-39
226390

FILED JAN 24 1942 791

FEB 20 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.