S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11889

FILED APR 20 1942

Registration District No. 1824 Primary Registration District No. 101 Registrar's No. 842

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town S.Kinloch 0
(If outside city or town limits, write "RURAL")

(d) Street No. 29 Smith St., 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Battle, Baby Boy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

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 Feb. (Month) 12 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Walker Battle
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Laura Bell
15. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country)

16. (a) Informant St. Louis Co. Hospital
(b) Address 501 S. Brentwood, Clayton

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Cremation

18. (a) Signature of funeral director E. Brown - St. L. Co. Hosp.
(b) Address 501 S. Brentwood, Clayton, Mo.

19. (a) APR 16 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-12-42, 19, to 2-16-42, 19;
that I last saw him alive on 2-16-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus — Duration 2 day

Due to 157a

Due to

Other conditions Spina bifida + club feet
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. Barton (M. D. or [illegible])
Address St. Louis Co. Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.