7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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. 13128

Registration District No. [redacted] 1391 Primary Registration District No. 1003 Registrar's No. 3858

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: Mo. Pacific Hospital ()
(If not in hospital or institution, write street number or location)

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

In this community

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") 9 17

(d) Street No. 717 West 3rd St (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Marion Batterton Trader

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. C. B. Trader

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June (Month) 23 (Day) 1870 (Year)

8. AGE: Years 71 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Danville (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Batterton

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

MOTHER 14. Maiden name Harriet Williams

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

16. (a) Informant Dr. C. B. Trader

(b) Address 717 West 3rd St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/1/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/14/42, 19..., to 4/29/42, 19...; that I last saw him alive on 4/29/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral accident — Duration: 12 hrs

Due to: Generalized Arteriosclerosis

Due to: Pelvic Abscess

Other conditions: Cause not known
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pelvic Abscess
Of autopsy: No 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

23. Signature Charles C. Drace (M. D. ~~or other~~)

Address Mo Pacific Hospital Date signed 4/29/42

Chas C Drace

AUG 17 1953

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 Welford G. Burnley

Licensed Embalmer No. 4402

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.