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S. No. 2
1-9-4-41
7-5-17-39
X2945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19365

State File No. _____

JUL 20 1942 791
Registration District No. _____

Primary Registration District No. _____ Registrar's No. 5801

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community 17 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4362 LINDELL BLVD.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Lee Roy Batterson

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

4. Sex MALE 0 5. Color or race WHITE

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

6. (b) Name of husband or wife ESTHER BATTERSON 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased DEC. 22 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7, year 1942 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from June 29, 1942, to July 7, 1942 that I last saw him alive on July 7, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

50 6 15 hr. _____ min. _____

Immediate cause of death Subnormal tuberculous
13
Due to _____
Due to tuberculous pneumonia
Other conditions absent
(Include pregnancy within 3 months of death)

9. Birthplace LAURENA IOWA 0
(City, town, or county) (State or foreign country)

10. Usual occupation AUTO MECHANIC RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name LEONARD BATTERSON

{ 13. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name DONT KNOW

{ 15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy as above

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

16. (a) Informant MRS. ESTHER BATTERSON

(b) Address 4362 LINDELL BLVD.

17. (a) REMOVAL (b) Date thereof 7-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEXICO MO.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 384 D Lindell Blvd

19. (a) JUL 8 1942 J. F. Bresek
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) None

(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)

23. Signature W. H. Carl (M. D. or other) 0
Address 1515 Lafayette Avenue. Date 7/7/42

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

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Linnell B

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.