

FILED JAN - 7 - 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 157

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Near Farmington w/ St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yr. 1 mo. 17 da
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Edward Batto

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10-20-1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 2 _____ hr. _____ min.

9. Birthplace St. Paul Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad work

11. Industry or business _____

MOTHER FATHER

12. Name John Bato
13. Birthplace Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp. #4
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 11-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stanislaus Cem.

18. (a) Signature of funeral director Joe Clark
(b) Address Florissant, Mo.

19. (a) Dec. 8, 1942 (b) Sydney Bismuth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-18, 1937 to 11-22, 1942;
that I last saw him alive on 11-21, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardiosis

Due to Chronic valvular heart disease
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 Paul J. Schuler (M. D. or other) _____
Address Farmington, Mo. Date signed 11-26-42

Duration

8 yrs

17 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

94
0
0

1196

RECEIVED

District Health Officer No. 4
District File Number 143-154
Date Filed 1-5-43

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.....

me, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Chapman
4084
Licensed Embalmer No.....

P. O. Address Farmington, 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.