

FILED MAR 20 1943 318  
Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4573 W. Pine Blvd. (Stone Nursing Home)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 month**  
(Specify whether  
In this community..... ?  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**  
(c) City or town..... **Jennings**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **7018 Lena**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Emma Batson**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **None**

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

6. (b) Name of husband or wife..... **Harry Batson** alive..... years  
6. (c) Age of husband or wife if

7. Birth date of deceased..... **December 18, 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 3 0** ..hr. min.

9. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Charles Spillenkothen**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mrs. Ray Stamm**

(b) Address..... **7018 Lena, Jennings, Mo.**

17. (a) **Burial** (b) Date thereof..... **March 20, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz Fun. Home,**

(b) Address..... **4828 Natural Bridge**

19. (a) **MAR 18 1943** (b) **J. F. Medek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **18th,**  
year..... **1943** hour..... **7:58** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **July - 1942**  
..... 19..... to..... **Mar 18**..... 19.....  
that I last saw her alive on..... **Mar 17**..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Paralysis Agitans** years  
Duration

Due to.....

Due to.....

Other conditions..... **Chol. Arteriosclerosis** ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **87**

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) (c) Means of injury.....

23. Signature..... **J. F. Medek** (M. D. or other)  
Address..... **6704 W. Flourent** Date signed..... **Mar 18/43**

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

MOTHER FATHER

842

6704 N. Howard St.

**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.....

*John A. Melnar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Melnar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis, 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.**