

FILED JAN 10 1948

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 106

1. PLACE OF DEATH:

(a) County.....
(b) City or town MO ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ENROUTE CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
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. 4569A McMILLAN AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM BATTIS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single/widowed, married, divorced MARRIED

6. (b) Name of husband or wife VADA BATTIS 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased JULY-9-1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 26 hr. min.

9. Birthplace SIKESTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation SELLING DAILY PAPERS

11. Industry or business.....

12: Name BATTIS

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

14. Maiden name SMITH

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

16. (a) Informant Vada Batts

(b) Address 4569A McMillan

17. (a) REMOVAL (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SIKESTON, MO

18. (a) Signature of funeral director Kullback & Kullback

(b) Address 4386 Lindbergh Blvd

19. (a) JAN 5 1948 (b) Registrar's signature J. J. Minnich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion

Due to.....

Coronary Sclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death) None

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?.....

While at work?..... (Specify type of place) (Means of injury).....

23. Signature Alfred J. Perry (M. D. or other).....

Address St. Louis Date signed 1/5/48

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

MOTHER FATHER

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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 Clement McMay
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.