

Registration District No.

318

Primary Registration District No.

1003

Registrar's 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:
6655 Berthold Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6655 Berthold Ave.
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ellen (Mattie) Baty

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 7
6. (b) Name of husband or wife W. Hubert Baty 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 1, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 12 hr. 1 min.

9. Birthplace Elmira, N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name ? Tift
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer J. Kiefer

(b) Address 6655 Berthold Ave.

17. (a) Cremation (b) Date thereof 1/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. & Concordia Lane

19. (a) JAN 17 1946 J. J. Presack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1946 hour 10:55 minute A.M. M.

21. I hereby certify that I attended the deceased from 12-27-45
....., 19....., to 1-13-46....., 19.....;

that I last saw her alive on 1-13-46....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary thrombosis
Due to arteriosclerosis
Due to.....

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

Major findings: Of operations No operation

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 NO
(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 NO

23. Signature R. M. Muehler (M. D. or other) H. D.
Address 631 N. Grand Ave. Date signed.....

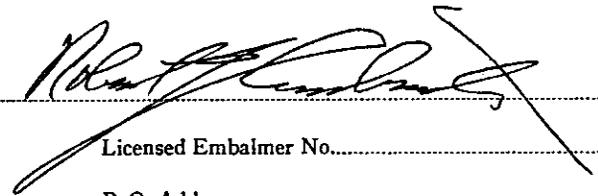
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2275

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.....



.....
Licensed Embalmer No.....

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.