No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13845

Registrar's No. 3861

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: 1508 a Destrehan Street
(If not in hospital or institution, write street number or location)

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

In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1508 a Destrehan Street 9
(If rural, give location)

26 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: Gustav Bathke

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: Augusta Bathke

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: May (Month) 10 (Day) 1866 (Year)

8. AGE: Years 81 | Months 11 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace: Settin (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation: Retired Furniture Worker

11. Industry or business: Furniture

MOTHER FATHER

12. Name: Leopold Bathke

13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

14. Maiden name: Frieda Lemke

15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Augusta Bathke

(b) Address: 1508 a Destrehan Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Suedmeyer & Sons

(b) Address: 3934 N. 20 Street

19. (a) APR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 20 1947, 19..., to April 20 1948, 19 48 that I last saw him alive on 4/20/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 day
Due to: Arteriosclerotic cardiac disease	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Dr. T. D. Blaylock (M. D. or other)

Address: 1415 Salisbury 7 Date signed: 4/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Ce 3356

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. Neville D. Grohurter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th St.

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.