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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37850

Registrar's No. 10166

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:
5012a Christy Blvd. 1
(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 0 00 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5012a Christy Blvd. 0
(If rural, give location)

15

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET K. BATTEFELD

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late John A.

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

7. Birth date of deceased Aug. (Month) 19 (Day) 1885 (Year)

8. AGE: Years 63 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Fick
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Detjen
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant W. W. Battefeld
(b) Address 5012a Christy Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 23 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1948 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from June 20 1946, 19 , to Nov 22, 1948
that I last saw her alive on Nov 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma bones, lungs, nervous system secondary

Due to to Ca left breast

Due to

Other conditions Paralysis left arm + face
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca left breast
Primary site breast
Of autopsy

Duration

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

23. Signature A. F. Plag (M. D. or other) M D
Address 3150 Morganford Rd Date signed 11/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin S. M. Dermott

Licensed Embalmer No. 3024

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.