

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34438

 BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3845 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>Not known</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 821 16th St.,</u>		d. STREET ADDRESS (If rural, give location) <u>821 16th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>		b. (Middle) <u>XXXXXXXXXX</u>	
		c. (Last) <u>Battle</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>Approx. 60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Not known</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>not known</u>		16. SOCIAL SECURITY NO. <u>490 26 3096</u>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes Unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Found Dead</u> DUE TO (c) <u>No evidence of foul play</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> none	
INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>XXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXX</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXX XXXX XXXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXXXXXXXXX m.</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXXXXXXXXXX</u>			
22. I hereby certify that I attended the deceased from <u>As Coroner at death only</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>N. K</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>CORONER</u>		23b. ADDRESS <u>Charleston, Mo</u>	
23c. DATE SIGNED <u>Oct 2, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/15/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 17-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u> 19 <u>49</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>The Nunnelee Funeral Chapel, Charleston, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 26 RE

MISSISSIPPI COUNTY HEALTH DEPT
CHARLESTON, MO.

File #

OCT 27 1949

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Charleston, W

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.