

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38680

State File No. 9769

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9769**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE INDIANA b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) BRAZIL 8130	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 330 E. BLAINE 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BATEMAN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11-4-51			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 3, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAM SHOVEL OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (State or foreign country) POCAHONTAS VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BATEMAN	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE CATHERINE
--------------------------------------	---------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 329-09-2890	17. INFORMANT'S SIGNATURE OR NAME JOHN BATEMAN	ADDRESS 330 E Blaine Brazil, Ind.
--	---	--	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Lumen		INTERVAL BETWEEN ONSET AND DEATH undefinable
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Gascho tubercular		
DUE TO (c) 1. Sennophage		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lumen, nephren nephros few days		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5810
---	--	---

22. I hereby certify that I attended the deceased from **1952**, to **11-4**, 1957, that I last saw the deceased alive on **1957**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chrommiller MD	(Degree or title)	23b. ADDRESS 408 Humboldt	23c. DATE SIGNED 11/5/51
---	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-5-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) BRAZIL, INDIANA
---	-----------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. NOV 5 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schrud	ADDRESS 3125 Lafayette
---	---	---	----------------------------------

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

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.....

Joseph B. Kollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.