

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9653

State File No. 1977

318

1003

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>13 5600 Arsenal St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>H.</b> c. (Last) <b>Battefeld</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-29-1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>2-7-1876</b>	9. AGE (In years last birthday) <b>76</b>	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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police Officer</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>****</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Corwin Battefeld</b> ADDRESS <b>1721 Del Norte</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES <b>Decubitus Ulcer; Old Fracture of Femur (left) suffered when morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>osteomyelitis covered floor in bed #3</b> II. OTHER SIGNIFICANT CONDITIONS <b>Div. 2 at the City Infirmary</b> Conditions contributing to the death but not related to the disease or condition causing death <b>5800 Arsenal St Dec 9 1951</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>at about 7:15 am</b> <b>100 Accident</b>			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Infirmary</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St. Louis Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 9 5:15 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>29037-20</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:00 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Deputy Coroner</b> (Print name and title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3/1/53</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-3-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7800 St. Charles Rock Road Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 1 1953</b>		REGISTRAR'S SIGNATURE <b>Earl Smith md</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenheim Bros.</b> ADDRESS <b>6409 Gravois Ave</b>			

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

CORONER ST. LOUIS

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Sam M. Sizemore*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

4343

P. O. Address.....

*St. Louis, Mo.*

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.