S. No. 300
Rev. 10-48

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44646

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 3171

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD
c. LENGTH OF STAY (in this place): 24 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2621 LYLE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: MAPLEWOOD 4534
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2621 LYLE AVE

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) L c. (Last) BATZ
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 53
5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-10-1897
9. AGE (In years last birthday): 56 — If under 1 year: Months 1, Days —; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REPAIR-MAN
10b. KIND OF BUSINESS OR INDUSTRY: REFRIGERATION
11. BIRTHPLACE (City and State or Foreign Country): JACKSONVILLE - ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: FREDERICK-BATZ
13b. MOTHER'S MAIDEN NAME: MARY-RICKS
14. NAME OF HUSBAND OR WIFE: HAZEL BATZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: HAZEL-BATZ ADDRESS: 2621 LYLE AVE

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HYPERTENSIVE-ARTERIOSCLEROTIC HEART-DISEASE — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: RIGHT HEMIPLEGIA — 9 Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 1, 1950 *to* DEC 10, 1953 *that I last saw the deceased alive on* JUNE 10, 1953 *and that death occurred at* 6-30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Mayer (Degree or title) M.D.
23b. ADDRESS: 539 N. Grand St. Louis 3
23c. DATE SIGNED: 12/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-14-53
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL-PARK-CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS Co. Mo

DATE REC'D BY LOCAL REG.: 12/13/53
REGISTRAR'S SIGNATURE: Herbert K. Jones M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: JAY-B-SMITH - MAPLEWOOD - MO

(Licensed Embalmer's Statement on Reverse Side)

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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. P. Burgess

Licensed Embalmer No. 402

P. O. Address Maplewo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.