

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14395

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>889</u>			
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (in this place) 17 years		c. CITY OR TOWN Overland <u>426X</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2479 Hartland Avenue, 14				e. STREET ADDRESS (If rural, give location) 2479 Hartland Avenue, 14,					
3. NAME OF DECEASED (Type or Print) a. (First) RALPH			b. (Middle) G.		c. (Last) BATCHER		4. DATE OF DEATH (Month) (Day) (Year) April 13th, 1954		
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 23rd, 1896		9. AGE (In years last birthday) 57 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) Electrician			10b. KIND OF BUSINESS OR INDUSTRY Elec. Contractors			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Batcher			13b. MOTHER'S MAIDEN NAME Bertha Wolff			14. NAME OF HUSBAND OR WIFE Emily F. Batcher nee Popp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give year or dates of service) World War # I		16. SOCIAL SECURITY NO. 494-03-8893		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily F. Batcher, 2479 Hartland Avenue, 14,			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Malignant Heart & Kidney Disease				INTERVAL BETWEEN ONSET AND DEATH May 2-53 10 Apr. 13-54	
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. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 442X					
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 _____					
22. I hereby certify that I attended the deceased from <u>May 8 -</u> , 19 <u>53</u> , to <u>Apr. 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Apr. 13</u> , 19 <u>54</u> and that death occurred at <u>5:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE F. L. Stierley, M.D.			(Degree or title)			23b. ADDRESS 9438 Lee Road		23c. DATE SIGNED 4-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 4/15/54		REGISTRAR'S SIGNATURE Herbert K. Stork		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN P. FEUTZ			ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.		

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed..... *Ralph C. Linders*.....

Licensed Embalmer No..... 427.....

P. O. Address..... *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.