

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17073**
Registrar's No. **4310**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4310	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Crystal City		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 BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 204 Olive St 0501			

3. NAME OF DECEASED (Type or Print) a. (First) LLOYD b. (Middle) F. c. (Last) BATCHELOR			4. DATE OF DEATH (Month) (Day) (Year) MAY 11, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4-20-1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days 55	IF UNDER 1 HR. Hours Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Class Worker		10b. KIND OF BUSINESS OR INDUSTRY P P G Co		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John M Batchelor		13b. MOTHER'S MAIDEN NAME Mary Roger		14. NAME OF HUSBAND OR WIFE Unknown			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Francie Vandiver Crystal City Mo			
15. ADDRESS _____		16. ADDRESS _____		17. ADDRESS _____			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Insufficiency		DUE TO (b) Acute Leukemia				3 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				8 mo.	
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 checked="" 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. HOW DID INJURY OCCUR? 2043	
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. _____			

22. I hereby certify that I attended the deceased from **1-28-** 19**54**, to **5-11-** 19**54**, that I last saw the deceased alive on **5-11-** 19**54**, and that death occurred at **11:55p** m., from the causes and on the date stated above.

23a. SIGNATURE FR Prudey		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5-12-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 15 1954		24c. NAME OF CEMETERY OR CREMATORY Camel Cem. Festus		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REG. MAY 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R Politte Crystal City Mo			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1954

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.....
Licensed Embalmer No. 46
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.